

A SURVEY ON THE PRESENCE OF WORK ENGAGEMENT AND WELL-BEING AMONG GESTALT PLAY THERAPISTS IN SOUTH AFRICA

by

MAGDALENA ELIZABETH VAN DER WESTHUIZEN

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SUPERVISOR: MRS I F JACOBS

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Student number: 35915013

DECLARATION

I hereby declare that **A SURVEY ON THE PRESENCE OF WORK ENGAGEMENT AND WELL-BEING AMONG GESTALT PLAY THERAPISTS IN SOUTH AFRICA** is my own work and that all the sources that were used or quoted, have been indicated and acknowledged by means of complete references.

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SIGNATURE

M E VAN DER WESTHUIZEN

.....

DATE

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The soul is healed by being with children

- Fyodor Dostoevsky

- My heavenly Father who gave me the grace, courage, strength and wisdom, especially during difficult times, to persevere and succeed.

SUMMARY

A SURVEY ON THE PRESENCE OF WORK ENGAGEMENT AND WELL-BEING AMONG GESTALT PLAY THERAPISTS IN SOUTH AFRICA

By: Magdalena Elizabeth van der Westhuizen

Degree: Master of Diaconiology (Direction: Play Therapy)

University: University of South Africa

Supervisor: Mrs. I.F. Jacobs

The aim of the study was to measure the presence of work engagement and well-being among Gestalt play therapists in South Africa.

A literature study was undertaken to examine the concepts of work engagement and well-being, and a conceptual framework was given of the Gestalt play therapist and the work that they do with traumatized children within the South African context. This literature study forms the theoretical framework in which the study was done.

After completion of the literature study, the empirical study was conducted. The researcher made use of a biographical questionnaire and four psychometric instruments to compile research data; it is the Utrecht Work Engagement Scale, Satisfaction with Life Scale, Subjective Happiness Scale and Scales of Psychological Well-being. The data obtained was quantitatively analysed, research findings were discussed and recommendations were made.

The empirical data indicated work engagement and well-being to be statistically significant present in Gestalt play therapists in South Africa.

KEY TERMS

Work engagement

Subjective well-being

Gestalt play therapist

Gestalt play therapy

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CHAPTER 1: RESEARCH METHODOLOGY AND WORK PROCEDURE

1.1 INTRODUCTION AND OVERVIEW

The focus of this research paper is from the paradigm of human strengths and optimal functioning. The concept of 'salutogenesis' (meaning the origin of health) was introduced by Antonovsky (1979). He proposed to study health instead of disease. Strümpher (1995:81-89) argues on the basis of Antonovksy's writings that the paradigm be broadened to include sources of strength and named fortigenesis (the origin of strengths). Wissing and Van Eeden (2002:32-44) further argue that the focus should not only be on origins of psychological strengths, but also on the nature, dynamics and enhancement of psychological well-being. The authors suggest the term psychofortology (the science of psychological strengths) be used for the domain of psychology in which psychological well-being is studied. Seligman and Csikszentmihalyi (2000:5) edited a special issue of the *American Psychologist* devoted to positive psychology.

The aim of positive psychology is to begin to catalyze a change in the focus of psychology from preoccupation only with repairing the worst things in life to also building positive qualities. According to Strümpher (2005:23) the concept of 'fortology' happens to fit positive psychology's approach of studying and classifying strengths, as described by Peterson and Seligman (2003), and Seligman (2003).

The negative costs of caring, labeled as burnout (compare Maslach & Jackson, 1982:227-251) has been studied in many countries around the globe. The same, however, cannot be said for its antipode, work engagement and well-being, since theory development and research on engagement has just started. (Compare Schaufeli & Bakker, 2001:229-253; Maslach, Schaufeli & Leitner, 2001:397-422.) Viewed from the positive perspective, the concept of burnout (which represents a negative psychological state) is being supplemented and enlarged by its positive antithesis of work engagement (Maslach, *et al.*, 2001: 416). It is not surprising that burnout research has shifted toward its opposite: work engagement.

Work engagement is a positive, fulfilling, work-related state of mind, characterized by *vigor* (high levels of energy while working, willingness to invest effort in work, and persistence in the face of difficulties), *dedication* (sense of enthusiasm, inspiration, pride, and challenge), and *absorption* (being happily engrossed in one's work, whereby time passes quickly and one has difficulties detaching) (Schaufeli, Salanova, Gozalez-Roma & Bakker, 2002: 71-92). Work engagement is seen as distinct from other established constructs in organizational psychology such as organizational commitment, job satisfaction or job involvement (Maslach, *et al.*, 2001:397-422).

Burnout and engagement are considered as the opposite poles of a continuum. Maslach and Leiter (1997: 4) describe burnout as the erosion of engagement. They stated that "...energy turns into exhaustion, involvement turns into cynicism, and efficacy turns into ineffectiveness". Schaufeli and Bakker (2004: 293-315) consider burnout and work engagement to be opposite concepts. They believe that burnout and engagement may be considered two prototypes of employee well-being that are part of a more comprehensive taxonomy constituted by the two independent dimensions of pleasure and activation (Watson & Tellegen, 1985:219-235). Activation ranges from exhaustion to vigour, while identification ranges from cynicism to dedication.

Literature mentions many possible buffers that could aid the employee against occupation stress and burnout (compare Cooper, Dewe & O'Driscoll, 2001). However, work-related well-being does not solely reside within the environment or the individual. In Perls' holistic field theory (compare Clarkson & Mackewn, 1996:42), a person's behaviour can only be understood in terms of his/her interdependence with his/her environment because his/her social, historical, and cultural field is intrinsic. A discussion of the possible buffers is, however, not within the scope of this research paper.

Research on well-being by Ryan and Deci (2001:141-166) follow two main directions: (1) happiness and hedonic well-being, and (2) development of human potential (eudaimonic well-being). Research conducted by Wissing and Van Eeden (2002:32-44), on the nature of psychological well-being indicated that it is a combination of

specific affective, cognitive, behavioural and interpersonal qualities. Strümpher (2003:72) indicated that it is safe to assume that subjective well-being constitutes an antithesis to an end-condition of burnout.

According to Linley and Joseph (2007: 385-403) therapeutic training and practice orientations revealed consistent associations with both positive and negative well-being in therapists. Therapists of a humanistic and transpersonal orientation were more likely to report personal growth and positive change as a result of their therapy work. Parlett (2003: 51) states that the Gestalt approach offers a means of cultivating "the art of living well". During their training Gestalt students are absorbing an approach to living and making sense of life and the world. Key abilities that are supported by and intrinsic to a Gestalt-style education relate to the art of living well, flourishing as a human being, and living a full and satisfying life "with artistry" (Parlett, 2000:24-25). Parlett (2003:53) regards the abilities as five dimensions of creative adjustment or as varieties of human strength. He has named them: (1) responding, (2) interrelating, (3) self-recognizing, (4) embodying, and (5) experimenting.

A serious problem remains though, namely, that of compliance, or how to get people to remain involved in principles introduced during training programs. Commenting on such situations, Csikszentmihalyi (1975:xiv) quotes an Italian saying: "An ocean lies between saying and doing". Perls (1970:16) the founder of Gestalt therapy, said:

That our life is not consistent with the demands of society is not because nature is at fault or we are at fault, but because society has undergone a process that has moved it so far from healthy functioning, natural functioning, that our needs and the needs of society and the needs of nature do not fit together any more. Again and again we come into such conflict until it becomes doubtful whether a healthy and fully sane and honest person can exist in our insane society.

1.2 RATIONALE AND MOTIVATION FOR THE STUDY

The Gestalt approach, according to Parlett (2003: 51) is a philosophy and method to be lived, not just a theory to be talked about, or a specialized approach to psychotherapy. He sees it as a way to be in the world that Gestalt therapists had independently discovered to be richer, truer and more satisfying than other paths they tried. It offers a means of cultivating “the art of living well”. The notion of creative adjustment, so central to Gestalt therapy theory, suggests having an adaptive and spontaneous response to living in this world (Parlett, 2003: 51).

According to the Gestalt perspective, people are response-able; that is, they are the primary agents in determining their own behavior. The promotion and encouragement of full and free-flowing awareness is the cornerstone of Gestalt practice. In Gestalt, awareness is a form of experience which can be loosely defined as being in touch with one’s own existence, with *what is*. People who are aware know *what* they do, *how* they do it, that they have alternatives and that they *choose* to be as they are (Yontef, 1993: 144-145). As a result of, and by choice, Gestalt therapist, cultivated in the “art of living well” (compare Parlett, 2003: 51) should not experience burnout.

Burnout research has its roots in care-giving and service occupations, in which the core of the job was the relationship between provider and recipient (Maslach *et al.*, 2001:397-422). The negative costs of caring have also been labeled compassion fatigue (compare Figley, 1999:3-28), vicarious traumatization (compare McCann & Pearlman, 1990:146) contact victimization (compare Courtois, 1988), secondary posttraumatic stress reaction (compare Dutton & Rubenstein, 1995; Figley, 1995), and secondary traumatic stress (compare Stamm, 1999:107-119). Figley (1995:4) recognize that persons who are exposed to traumatized children are especially vulnerable to the negative side effects of burnout.

This focus on disease and the vulnerabilities of the individual was gradually replaced by a new focus on the individual’s psychological well-being and skills to cope with the demands of stress, studied from a health and growth psychology perspective (Coetzee & Cilliers, 2001:62-68). Work engagement and well-being are assumed to be the positive antipode of burnout and consists of the opposite of the components of

burnout, viz energy, involvement and efficacy.

Duckworth, Steen and Seligman (2005:629-651) state that empirically, positive psychology is about where clinical research was in the early 1970's. The purpose of this research is to add to the knowledge base of positive psychology, and specifically to the constructs of work engagement and well-being, in order to accelerate progress and to promote cross-fertilization of ideas. The aim of this study is to measure work engagement and well-being in Gestalt play therapists in South Africa.

In the field of human science, little research has been done on the positive aspects of human functioning in the face of adversity, work engagement or the well-being of therapists. From the positive psychology perspective, only the research done by Linley and Joseph (2007:385-403), "*Therapy work and therapists' positive and negative well-being*" was found.

In light of the *Zeitgeist* of positive psychology, launched in 1998 by Seligman (1998) this research was conducted from the perspective of positive psychology. Realizing the relative youth of the field and answering to the call of the leaders of Positive Psychology, together with the interest of the researcher in positive psychology, fortigenesis and psychofortology, and the fact that the researcher is currently working in the organizational field, aided the decision to do this research.

1.3 PROBLEM FORMULATION

Mouton (2001:91) states that both the problem and research question are directly related to the goal of the study. According to Fouché and De Vos (2005:100) research gives rise to the development of a research problem which takes on the form of a testable hypothesis. According to Newman (2000:12) this step in the research process is to focus the research question.

There has been a long standing concern about the negative costs of caring, especially burnout in therapists (Baker, 2003). In parallel with the growth of positive psychology (compare Seligman & Csikszentmihalyi, 2000:5-14) there is now a strongly emerging interest in the positive aspects of human functioning. However, no research could be found on the strengths and well-being of play therapists, neither

the presence of work engagement. Electronic information resources such as Sabinet Online Ltd. an online reference service that offers access to local and international articles and references across a broad spectrum of subject areas, The National Research Foundation's database of current and complete South African research projects, ProQuest Psychological Journals, Ebscohost.com, PsychINFO and the following websites were searched for information: <http://www.positivepsychology.org> and <http://www.apa.org/psychinfo>.

Seen in the light of the above, the researcher was interested in doing a survey to measure the presence of work engagement and well-being in Gestalt play therapists in South Africa. The researcher was of opinion that this research is important in order to establish what impact their work with traumatized children has on their functioning and growth in the work context.

As a result of the above, the following research problem was formalized:

At present it is not known whether work engagement and well-being, as measured by the Utrecht Work Engagement Scale, the Psychological Well-being Scale, the Subjective Happiness Scale and the Satisfaction with Life scale, are significantly present in Gestalt play therapists in South Africa.

The following sub-problems were formulated from the primary research problem:

- What are the factors, personal and work related, that contribute to work engagement and well-being?
- What factors or aspects of the Gestalt play therapist's training program contribute to work engagement and well-being?
- To what extent does work engagement contribute to well-being?
- To what extent does well-being contribute to work engagement?

The importance of this study is highlighted in the ability to answer the "therefore what?" question, and as a consequence, the results of this study can be utilized as a means to

- evaluate the Gestalt play therapist training program with regards to the effectiveness in building and enhancing work engagement and well-being in future play therapists,
- to evaluate the level of awareness within the Gestalt play therapist that will enable them to build resilience against burnout and promote work engagement and well-being,
- to utilize the measuring instruments used in this and similar studies, as part of the selection process to measure work engagement and well-being in students applying to be trained as Gestalt play therapist. This can be seen as a preventative measure for students dropping out as well as trained Gestalt play therapist leaving the field because of burnout.

The formulation of a research problem gives rise to the creation of a more concrete research question or hypotheses. Kerlinger and Lee (2000: 26) describe a hypothesis as a proposition to be tested or a tentative statement of a relationship between two variables. Kerlinger (1979:33) sees it as powerful tools for the advancement of knowledge, because, although formulated by man, they can be tested and shown to be correct or incorrect apart from man's values and beliefs.

The following hypotheses guided this study:

Hypothesis 0: The presence of work engagement and well-being is not statistically significant in Gestalt play therapists.

Hypothesis 1: The presence of work engagement and well-being is statistically significant in Gestalt play therapists.

1.4 GOALS AND OBJECTIVES

The terms "goal", "purpose" and "aim" are often used interchangeably, it is as synonyms of one another. Their meaning implies the broader, more abstract conception of "the end toward which effort or ambition is directed" (Fouché & De Vos, 2005: 104). Therefore, research goals are essential in providing clarity of the intended

outcomes of research.

The main goal of this research was to measure the presence of work engagement and well-being in Gestalt play therapists in South Africa.

According to Fouché and De Vos (2005: 104) objectives are seen as steps one has to take to achieve the desired goal of the research.

The following objectives were identified by the researcher:

- To provide a theoretical foundation by accurately describing the features of work engagement and well-being through a literature review. The use of literature older than 10 years was necessary as "...such foundational knowledge is also valuable if one really wants to understand what one is theorizing and doing today" (Strümpher, 2005:21-45).
- To describe and conceptualize the Gestalt play therapist and the work that they do with traumatized children within the South African context.
- To gain insight into the phenomenon of work engagement and well-being of Gestalt play therapists in South Africa through measurement by using relevant reliable and valid psychometric instruments.
- To analyse the data obtained through the psychometric instruments by means of statistical analysis.
- To describe the results comprehensively and to make recommendations to the Centre for Play Therapy and Training in Wellington, South Africa.

1.5 PARADIGM

The German word *Zeitgeist* was used by Boring (1963:13) to describe a climate of opinion or thought, even habits of thought, that characterize the culture of a period and which facilitates some discoveries and interventions. (Compare Strümpher, 1990: 265-276). Positive psychology is an umbrella term for the study of positive emotions, positive character traits, and enabling institutions. It is from the paradigm of positive

psychology that this research was done.

According to Rathus (1999), psychology is the scientific study of behaviour and mental processes, seeking to describe, explain, predict and control behaviour and mental processes. With work occupying such a prominent place in the lives of most adults, it is an important area for the development of and research on psychofortology (Strümpher, 1995:83).

1.6 RESEARCH APPROACH

The three approaches identified by Neuman (2000:64) are positivism, interpretive social science, and critical social science. Positivism is the oldest and the most widely used approach. It is an organized method for combining deductive logic with precise empirical observations of individual behaviour in order to discover and confirm a set of probabilistic causal laws that can be used to predict general patterns of human activity. Newman (2000:66) stated that positivist researchers prefer precise data and often use experiments, surveys, and statistics.

According to Delport (2005:159) the main aim of the quantitative approach is to objectively measure the social world, to test hypotheses and to predict and control human behavior. Quantitative data-collection methods often employ measuring instruments. For this study, quantitative research from a positivist approach was conducted in order to measure the presence of work engagement and well-being in Gestalt play therapists in South Africa. The validity and reliability of the measuring instruments is described under 1.9.2.

1.7 TYPE OF RESEARCH

According to Fouché and De Vos (2005:105) research may be labeled as either basic or applied. Basic (or pure) research seeks empirical observations that can be used to formulate or refine theory. It is not concerned with solving the immediate problems, but rather with extending the knowledge base of the discipline. Applied research is aimed at solving specific problems or at helping practitioners accomplish tasks.

Applied research is applicable to this research as it is focused on work engagement and well-being in Gestalt play therapists in South Africa, aspects that help practitioners to accomplish their tasks.

Neuman (2000: 21) discusses the goals of research as being exploratory, descriptive and explanatory. Descriptive research presents a picture of the specific details of a situation, social setting, or relationship. In descriptive research the researcher begins with a well-defined subject and conducts research to describe it accurately. According to Bless and Higson-Smith (2000:47), description typically refers to the characteristics of a population in quantitative studies and a survey design is popular.

This research drew on descriptive research as it was conducted to measure the presence of work engagement and well-being of Gestalt play therapists in South Africa using a survey design.

1.8 RESEARCH DESIGN

Mouton (2001:55) defines a research design as a plan or blueprint of how the researcher intend conducting the research. This means that the research design focuses on the end product, formulates a research problem as a point of departure, and focuses on the logic of research.

Quantitative and qualitative research designs are distinguished by Neuman (2000: 121-155). One of the differences between the two styles comes from the nature of the data. Quantitative researchers emphasize precisely measuring variables and testing hypotheses that are linked to general causal explanations. The quantitative category includes experiments, surveys and content analysis. A quantitative-descriptive (survey) design was used to reach the objectives of this research. According to Fouché and De Vos (2005:137), this design is commonly used with surveys as the data collection method.

The specific design used is the randomized cross-sectional survey (Fouché & Delport, 2005:137). The first step in this design was to identify the research

population, where after questionnaires were used to gather data.

1.9 RESEARCH METHODOLOGY

In this study a sample was obtained from the total population of Gestalt play therapists in South Africa. Four measuring instruments, in the form of questionnaires, were used to gather data to be statistically analysed.

1.9.1 Universe, population and sampling technique

Arkava and Lane (1983:27) define universe as all potential subjects who possess the attributes in which the researcher is interested. Population, on the other hand, sets boundaries on the study units. It refers to individuals in the universe who possess specific characteristics. In this study, universe referred to all Gestalt play therapists in South Africa, whereas population referred to the Gestalt play therapists trained by the Centre for Play Therapy and Training in Wellington and the University of Pretoria.

According to Gravetter and Forzano (2003:465), the term sample always implies the simultaneous existence of a population or universe of which the sample is a smaller section or set of individuals selected from a population. The sample for this research consisted of Gestalt play therapists, trained by the Centre for Play Therapy and Training at Wellington College, South Africa and Gestalt play therapists trained at the University of Pretoria, who voluntarily took part in this study.

The sampling technique for this study was probability sampling, based on randomization. According to Kirk (1999:367) a probability sample is one in which each person in the population has the same known probability of being selected. In probability sampling, according to Gravetter and Forzano (2003:118), the odds of selecting a particular individual are known and can be calculated. In simple random sampling, each individual in the population theoretically has an equal chance of being selected for the sample (Jackson, 2003:15).

The criteria for subjects to be included into the random sample were the following:

- trained as a Gestalt play therapists at the Centre for Play therapy and training

in Wellington and the University of Pretoria

- practicing as Gestalt play therapists in South Africa.

1.9.2 Methods of data collection

One of the data collection methods, working from a quantitative approach, is questionnaires. The basic objective of a questionnaire is to obtain facts and opinions about a phenomenon from people who are informed on the particular issue (Delpont, 2005:166). Different types of questionnaires can be identified. The type of questionnaire that this research used as a data-gathering method was mailed questionnaires. A mailed questionnaire is, according to Grinnell and Williams (1990:216-217), a questionnaire which is sent off by mail in the hope that the subject will complete and return it. The response rate is normally low, often around 30%. However, Neuman (2000:272) states that they are very effective and response rates may be high for a target population that is well educated or has a strong interest in the topic or the survey organisation. Neuman (2000:272) states that mail questionnaires offer anonymity and avoid interviewer bias.

In this study, four separate measuring instruments were used for data collection. The Utrecht Work Engagement Scale, Scales of Psychological Well-Being, Satisfaction with Life Scale and the Subjective Happiness Scale. These instruments are discussed in more detail in Chapter 4. A biographical information questionnaire was attached to the mentioned questionnaires to assist the researcher in obtaining biographical feedback from the subjects.

1.9.2.1 Utrecht Work Engagement Scale (UWES)

The Utrecht Work Engagement Scale (UWES) (Schaufeli, *et al.*, 2002:71-92) measures levels of engagement. The UWES is scored on a seven-point frequency scale ranging from 0 (never) to 6 (every day). The alpha coefficients for the three sub-scales varied between 0,68 and 0,91. The reliability and factorial validity of the UWES have been proven to be good. (Compare Schaufeli, *et al.*, 2002:464-481; Schaufeli, Martinez, Marques Pinto, Salanova & Bakker, 2002:71-92.)

1.9.2.2 Scales of Psychological Well-Being (SPWB)

Ryff (1989:1069-1081), conceptualizes psychological well-being as consisting of 6 dimensions: autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, self-acceptance. She designed self-report scales to assess individual's well-being at a particular moment in time within each of these 6 dimensions. The 12- item per scale validated version of the measure was used in this survey research. Individuals responded to various statements and indicated on a 6-point Likert scale how true each statement was of them. Higher scores on each of the scales indicate greater well-being on that dimension. The reliability and factorial validity of the Scales of Psychological Well-being have been proven to be good (Ryff, 1989:1069-1081).

1.9.2.3 Satisfaction with Life Scale

The Satisfaction with Life Scale was developed to assess satisfaction with people's lives as a whole. The scale does not assess satisfaction with specific life domains, such as health or finances, but allows subjects to integrate and weigh these domains in whatever way they choose. It takes only a few minutes to complete (Diener, Emmons, Larson & Griffin, 1985:71-75). The researcher decided to include this measuring instrument as it is among the most widely used well-being measures and it correlates highly with other well-being measures (r 's about 0.8). (Compare Sandvik, Diener, & Seidlitz, 1993:317-342).

1.9.2.4 Subjective Happiness Scale

Unlike measures of subjective well-being, which include evaluations of overall life quality and rating of positive and negative emotions, the Subjective Happiness Scale involves a global, subjective assessment of whether a person is happy or unhappy. According to Lyubomirsky and Lepper (1999:137-155), this measure reflects a broader and more molar category of well-being, tapping into more global psychological phenomena. The mentioned authors have found the reliability and validity of this simple measure of global subjective happiness in 14 studies ranged from good to excellent. Examination of construct validity indicated that the measure correlates highly with other happiness measures and moderately with theoretically

and empirically related constructs.

The researcher thus made use of reliable and valid questionnaires, as described above. The names and addresses or email addresses of Gestalt play therapists were obtained from the Centre for Play Therapy and Training in Wellington. A consent form was mailed or emailed to the subjects, explaining the purpose of the research and requested their permission and consent to take part in the research. After receiving their consent, questionnaires were mailed or emailed to the subjects for completion and submission. As the abovementioned questionnaires were distributed by mail or email to subjects, clear instructions on how to complete the questionnaires were included. The subjects read the instructions, answered the questions by recording their answers on the questionnaires and then mailed or emailed the completed questionnaires back to the researcher for data analysis.

Many controversies, as mentioned by Gosling, Vazire, Sricastava and Johnn (2004:93-104), exist around the use of internet based research. These controversies exist in terms of the diversity of the internet samples; the probability of maladjusted samples; unmotivated respondents; the compromise of anonymity of subjects and the fact that internet samples might differ from traditional results. Many of these fears, however, have been expelled by Gosling, *et al.* (2004:93-104). These researchers' studies have shown that internet samples are more diverse than traditional samples; internet users do not differ from non-users; internet findings replicate traditional studies; internet methods provide means for motivating subjects and internet-based findings are consistent with findings based on traditional methods.

In the email method used by the researcher, only the subjects could see the questionnaire, no questions or other information on the questionnaire could be changed or manipulated by the subjects. There was a possibility that the subjects could misrepresent themselves, but this could also be the case in traditional methods of research.

The possibility that the researcher did not have control in the testing environment, for

example clarifying instructions or concepts, was also a concern regarding email assessments. According to Kraut, Olson, Vanaji, Banaji, Brukman, Cohen and Couper (2004:105-117) this concern can be addressed through pre-testing instructions and data-collection instruments thoroughly before the study is conducted, which was done by the research for this survey. As the instruments that were used have indicated in previous research to be high in reliability and validity, together with the fact that an educated audience was asked to complete the instruments, it was acceptable to conclude that instructions and concepts should generally be clear to the subjects.

Lastly there was a concern that the questionnaires will be “given away” to the public. According to Kraut, *et al.* (2004:105-117) giving away psychology to the public should be a reason for encouraging researchers to use internet methods. Their reasoning behind this statement is that by involving a large and broad population in their research and by giving interesting feedback to subjects, researchers can use the computer based testing to stimulate the public interest in psychological research and ultimately enhance all psychological research.

To further limit the small risk of subjects using the questionnaires for other reasons apart from the study, a clause was worked into the informed consent form that indicated that if the questionnaires was used outside the study, the respondent could be prosecuted as psychometric instruments are governed by the Health Professions Council of South Africa and the misuse thereof is against the law.

As four of these questionnaires were psychometric instruments, consent forms accompanied them in order to gain informed consent from the therapists that were willing to partake in this study.

1.9.3 Data Analysis

Analysis means the categorizing, ordering, manipulating and summarizing of data to obtain answers to research questions (Kruger, Vos, Fouché & Venter, 2005:218). According to Newman (2000:251) the administration of survey research requires

organization and accurate bookkeeping. The researcher kept track of each respondent and questionnaire. Each sampled subject were given an identification number, which also appeared on the questionnaires. The researcher then checked the completed questionnaires against a list of sampled subjects. The researcher reviewed responses on individual questionnaires, stored original questionnaires, and transferred information from questionnaires to an electronic format for statistical analyses.

1.9.3.1 Scoring and Statistical Processing

The data was processed according to the standard procedures for each questionnaire. Descriptive statistics, describing numerical data, was used because they are a vital part of statistical analysis (Neuman: 2000:317). This enabled the researcher to analyse the data. From this information, results were interpreted and reported, the hypotheses tested, conclusions drawn and possible limitations investigated.

1.10 ETHICAL ASPECTS

Neuman (2000:91) is of the opinion that the researcher's authority to conduct research, granted by professional communities and the larger society, is accompanied by a responsibility to guide, protect, and oversee the interests of the people being studied.

According to Neuman (2000:90-101) and Strydom (2005:56-67) the law and codes of ethics recognize some clear prohibitions that had been adhered to during this research:

1.10.1 Avoidance of harm

Research can harm research subjects in several ways: physical, psychological, legal, as well as harm to a person's career or income. Researchers need to be aware of all types of harm and avoid or minimize them at all times. In this study participation was voluntary and no subject was advantaged or disadvantaged in any way, should they

choose not to complete the questionnaires. As individual results were not discussed with subjects and because of the fact that research was done from the paradigm of positive psychology, results were presented from a positive perspective and focused on therapists' strengths and well-being.

1.10.2 Informed Consent

A fundamental ethical principle of social research is that nobody should ever be coerced into participating; participation must be voluntary. Subjects need to know what they are being asked to participate in so that they can make an informed decision. Informed consent is a written agreement, signed by the subjects to participate in the research after they have learned something about the research procedure. Signed informed consent statements are optional for most surveys, field and secondary data research; nevertheless, informed consent was obtained from all research subjects. An informed consent form (refer to Annexure A) was included when questionnaires were sent to subjects explaining the purpose and procedure of the research to them. A guarantee of anonymity and confidentiality of records were given. A statement that participation was completely voluntary and that no subjects would be advantaged or disadvantaged in any way if they choose not to complete the questionnaires were included. Biographical questions were asked about the respondent's demographics and work related questions, but no personal information, for example identification numbers, were asked.

1.10.3 Deception

Social researchers follow the ethical principle of voluntary consent therefore no one should ever be forced into participating in research. The researcher should never lie unless it is required for legitimate research reasons. Neuman (2000:229) says that deception occurs when the researcher intentionally misleads subjects by way of written or verbal instructions, the actions of other people, or certain aspects of the setting. The researcher included clear and proper explanations on the reason for the research, whom the results will be reported to, as well as clear instructions on how to complete the questionnaires.

1.10.4 Privacy, anonymity, and confidentiality

According to Strydom (2000:61) privacy implies the element of personal privacy, while confidentiality indicates the handling of information in a confidential manner. Information given anonymously ensures the privacy of subjects. Anonymity means that no one, including the researcher should be able to identify any subject afterwards. For this study the names and addresses of subjects were discarded as soon as possible and subjects were referred to by a code number only in order to protect anonymity.

Confidentiality, according to Neuman (2000:99), means that information may have names attached to it, but the researcher holds it in confidence or keeps it secret from the public. The information was not released in a way that permits linking specific individuals to responses and was publicly presented only in an aggregate form.

All questionnaires were administered via mail and email because of the logistical constraints faced in the research. The researcher took special care of subjects' confidentiality as a prominent ethical consideration. The researcher ensured adequate provisions to protect the privacy of subjects and to maintain the confidentiality of data. All subject responses were kept confidential and only the analyzed data was presented in the results section of the research paper. All subjects were told that the questionnaires will help the independent researcher to evaluate the levels of work engagement and well-being in Gestalt play therapists in South Africa.

1.10.5 Actions and competence of researchers

According to Strydom (2005:64) ethically correct actions and attitudes should be considered under all circumstances by the competent researcher and should be part of his/her equipment as a researcher. The following should be noted:

- An ethical obligation rests on researchers to ensure that they are competent and adequately skilled to undertake the research they have in mind.
- Where sensitive investigations are involved, such as research across cultural boundaries, this is an even more important requirement.

- No value judgments are to be made, under any circumstances, whatsoever, on the cultural aspects of communities.

In this study, guidance and supervision was provided to the researcher by the Centre for Play Therapy and Training in Wellington, South Africa, which is a registered institution that accompanies student Gestalt play therapists in their studies and during the research process.

1.10.6 Cooperation with contributors

According to Neumann (2000:103) special ethical issues arise when a sponsor pays for research. Researchers may be requested to compromise ethical or professional research standards as a condition for receiving a contract or for employment. Strydom (2005:65) also indicates that both parties need to clarify ethical issues beforehand and that a clear contract between the parties is preferable as it avoids any misunderstandings. As the researcher was a student at the mentioned Centre and considered an independent researcher, the above was not applicable.

1.10.7 Release or publication of the findings

The findings of the research must be introduced to the reading public. Strydom (2005:65) advises that the information must be formulated and conveyed clearly and unambiguously to avoid or minimize misappropriation by subjects, the general public and even colleagues. In this study, the findings were made available to the Centre for Play Therapy and Training and the University of South Africa, where after the research became the property of the mentioned institutions.

1.10.8 Debriefing of subjects

According to Strydom (2005:66) the easiest way to debrief subjects is to discuss their feelings about the project immediately after the session or to send a newsletter telling them the basic intent or results of the study. A research project must always be a learning experience for both subjects and researchers. Feedback was given to the Centre for Play Therapy and Training in the form of a research report. Individuals who required feedback will receive the research findings in a written format.

1.11 DEFINITIONS AND CONCEPTS

Work engagement is a persistent, positive, affective, motivational state of fulfillment in employees that is characterized by vigor, dedication and absorption (Xanthopoulou, Bakker, Demerouti & Kantas, 2005:23-43). Work engagement is also defined as a positive, fulfilling, work-related state of mind, characterized by *vigor* (high levels of energy while working, willingness to invest effort in work, and persistence in the face of difficulties), *dedication* (sense of enthusiasm, inspiration, pride, and challenge), and *absorption* (being happily engrossed in one's work whereby time passes quickly and one has difficulties detaching) (Schaufeli, *et al.*, 2002:71-92). For the purpose of this research, work engagement can be defined as a persistent, positive motivational state of fulfillment in employees that is characterized by vigor, dedication, and absorption.

Subjective well-being is defined as a person's cognitive and affective evaluations of his or her life. The components of well-being, as stated by Diener, *et al.* (1985:71-75) are the presence of positive emotion, the absence of negative emotion, and a cognitive judgment of satisfaction and fulfillment. Ryff and Keyes (1995:719-727) are of opinion that comprehensive accounts of psychological well-being need to probe people's sense of whether their lives have purpose, whether they are realizing their given potential, what is the quality of their ties to others, and if they feel in charge of their own lives. Research done by Wissing and Van Eeden (2002:32-44) indicate that conceptualizations of psychological well-being from hedonic (compare Diener, 2000:34-43) and eudaimonic (compare Ryff & Singer, 1998:1-28) perspectives actually overlap on an empirical data level. For the purpose of this research subjective well-being and psychological well-being will generally be referred to as well-being and will be defined as the presence of positive emotion, the absence of negative emotion, and a cognitive judgment of satisfaction and fulfillment.

A **Gestalt play therapist** uses play so that something that is part of the child's everyday experience becomes the tool whereby his/her problems are addressed. Van der Merwe (1996:26) states that the different components of therapy need to be adapted according to each child client's specific needs, problems and special

features. A play therapist, according to Oaklander (1994:281-289), uses play as a therapeutic process with children and adolescents according to the theoretical principles of Gestalt therapy. Various forms of play such as creative, expressive, projective and dramatized play can be used. A Gestalt play therapist, for the purpose of this study, is a play therapist trained according to the Gestalt principles by the Centre for Play Therapy and Training in Wellington and the University of Pretoria, and working with traumatized children and children with emotional problems.

Gestalt play therapy, according to Blom (2004:5), can be considered a psychotherapeutic technique that uses the principles and techniques of Gestalt therapy during play therapy with the child. By developing a therapeutic relationship and contact and according to a specific process, children are given the opportunity to confirm their sense of self verbally and non-verbally, to express their thoughts and to nurture themselves. Various forms and techniques of play are used during the different stages. According to Mitrovic (2008:3), the gestalt therapist uses gestalt play therapy, a technique which combines the principles of gestalt theory with play techniques, so that children are able to use play to address their needs and problems. Research has shown that this approach can be applied successfully with children with different types of emotional problems in order to improve their self-support and self-esteem. Gestalt play therapy, for the purpose of this study, is defined as a psychotherapeutic technique according to the Gestalt approach, whereby the therapist attempts to give the child the opportunity to express his or her feelings verbally and non-verbally through various forms of play. The process starts with the building of a therapeutic relationship as a prerequisite, followed by making contact, confirming the child's sense of self and emotional expression. It is followed by self-nurturing and concluded with termination.

1.12 CHAPTER SUMMARY

In this chapter, the research methodology for the study was discussed. In addition, an overview, rationale and motivation, problem formulation, the goals and objectives and paradigm were included. The research question, research approach, type of

research, research procedure and research methodology were outlined. This was followed by the ethical aspects and finally, the key concepts were defined and are discussed in more detail in the next two chapters.

CHAPTER 2: A THEORETICAL FOUNDATION OF WORK ENGAGEMENT AND WELL-BEING

2.1 INTRODUCTION

Research on the well-being of therapists has been focused almost exclusively on the negative costs of caring, rather than on personal growth and satisfaction that therapists may experience as they seek to facilitate these developmental experiences in their clients. As a result, little is known about how people in general and therapists specifically, flourish under more benign conditions. The negative effects of working with the suffering of others have been reported across a range of therapists, especially therapists working with the traumatized. The negative costs of caring has been labeled as burnout. This almost exclusive attention to pathology neglects the fulfilled individual and the thriving community.

In parallel with the growth of positive psychology, there is now a strong emerging interest in the positive aspects of human experience. Therefore, the focus of this research is on human strengths and optimal functioning rather than on weaknesses and malfunctioning. This study set out to investigate positive aspects that may be associated with therapist's well-being, namely the presence of work engagement and well-being in Gestalt play therapists in the workplace. Antonovsky (1979:13) writes that despite being bombarded by multiple stressors in everyday living and undergoing severe traumatic experiences, there are individuals who are coping quite well and stays healthy. Antonovsky (1979:9-10) concludes that "...the human condition is stressful" and "...stressors are omnipresent in human existence". Sheldon and King (2001:216) state that "...despite all the difficulties, the majority of people manage to live lives of dignity and purpose".

In this chapter a theoretical background on work engagement and well-being is given with reference to the following aspects: a short overview on the origin of positive psychology, a theoretical background on work engagement and its antipode, burnout, together with a description of the role of job demands and job resources in work engagement and burnout. The concept of optimal experience or flow is discussed in

relation to work engagement and eustress as a factor that contributes to optimal performance. The construct of appraisal is then discussed as the way an individual makes sense of an event that shapes emotional and behavioural responses. A discussion on the theoretical background of subjective well-being follows and lastly, some views on well-being according to the Gestalt perspective are expressed.

2.2 THE ORIGIN OF POSITIVE PSYCHOLOGY (PSYCHOFORTOLOGY)

Positive psychology has many distinguished ancestors and modern cousins. Since the time of Socrates, Plato and Aristotle, the “good life” has been the subject of philosophical and religious inquiry (Strümpher, 1995:81-89). According to Resnick, Warmouth and Selin (2001:73-101), humanistic psychology is the field most identified with the study and promotion of positive human experience. The grandparents of humanistic psychology – Carl Rogers, Abraham Maslow, Henry Murray, Gordon Allport and Rollo May – all grappled with many of the same questions pursued by positive psychologists which is: “What is the good life?” (in Sheldon & Kasser, 2001: 30-50).

Seligman and Csikszentmihalyi (2000:5) edited a special issue of the *American Psychologist* devoted to positive psychology. The authors claim that psychology concentrates on repairing damage within a disease model of human functioning. As a result, they claim that “...we know very little about how normal people flourish under more benign conditions” (Seligman & Csikszentmihalyi, 2000:5). Therefore the aim of positive psychology is to begin to catalyze a change in the focus of psychology from preoccupation only with repairing the worst things in life to also building positive qualities. According to Strümpher (2005:23) the concept of ‘fortology’ happens to fit positive psychology’s approach of studying and classifying strengths, as described by Peterson and Seligman (2003), and Seligman (2003).

In a wider perspective, Strümpher (2005:24) notes that psychology is not the only discipline concerned with fortological matters. A fascination with strengths already existed in the fields of social work and nursing (compare Saleebey, 1997:4; Coyle, 2002:358-597; Ford-Gilboe, 2000:41-58), so it was not a new orientation in the

mentioned disciplines. As a result, Seligman (1998) indicated the need for a broader designation by writing about *positive social science*.

2.3 WORK ENGAGEMENT AND BURNOUT

The negative costs of caring are noted by Maslach and Jackson (1982: 227-251) as a longstanding concern and are reported across a range of therapists and counselors (Compare Iliffe & Steed, 2000:393-412; Chrestman, 1999:29-36; Kassam-Adams, 1999:37-48; Ortlepp & Friedman, 2002:213-222; Pearlman & Maclan, 1995:558-565). On the other hand, Linley and Joseph (2007:385) observe that research on the well-being of therapists focused almost exclusively on the negative costs of caring, rather on the personal growth and satisfaction that therapists may experience or their strengths in coping with high job demands and working long hours. According to Schaufeli and Bakker (2001:229-253) research show that even when exposed to high job demands and working long hours, some individuals do not show symptoms of burnout. On the contrary, they seem to find pleasure in working hard and dealing with stressors and high job demands. From a positive psychology perspective Seligman and Csikszentmihalyi (2000:5-14) describe such individuals as engaged in their work.

Burnout is a psychological syndrome that involves a prolonged response to chronic emotional and interpersonal stressors on the job (Maslach, 2003:189-192). In the helping professions, burnout refers to the condition of physical and emotional exhaustion, together with the associated negative attitudes resulting from the intense interaction in working with people (Bakker, *et al.*, 2001:82-98). Burnout, according to Maslach, *et al.* (2001:397-422), is characterized by

- overwhelming *exhaustion* (draining of mental energy),
- feelings of *cynicism* and detachment from the job (a negative attitude towards work) and
- a sense of *reduced professional efficacy* (the belief that one is no longer effective in fulfilling one's job responsibilities and a lack of accomplishment).

The exhaustion component, according to Maslach, *et al.* (2001:397-422), represents

the basic individual stress dimension of burnout. It refers to feelings of being overextended and depleted of one's emotional and physical resources. The cynicism (or depersonalization) component represents the interpersonal context dimension of burnout. It refers to a negative, callous, or excessively detached response to various aspects of the job. The component of reduced efficacy or accomplishment represents the self-evaluation dimension of burnout. It refers to feelings of incompetence and a lack of achievement and productivity at work (Maslach, *et al.*, 2001:397-422).

Burnout has been studied in many countries around the globe. The same, however, can not be said for its antipode, work engagement, since theory development and research on engagement has only recently been introduced. (Compare Schaufeli & Bakker, 2001:229-253; Maslach, *et al.*, 2001:397-422). Viewed from the positive perspective, the concept of burnout (which represents a negative psychological state) is being supplemented and enlarged by its positive antithesis of work engagement (Maslach, *et al.*, 2001:416).

Schutte, Toppinen, Kalimo and Schaufeli (2000:53-66) define work engagement as an energetic state in which the employee is dedicated to excellent performance at work and is confident of his or her effectiveness. As a further extension of this definition, work engagement is seen as

- a positive, fulfilling, work-related state of mind, characterized by *vigor* (high levels of energy while working, willingness to invest effort in work, and persistence in the face of difficulties),
- *dedication* (sense of enthusiasm, inspiration, pride, and challenge), and
- *absorption* (being happily engrossed in one's work, whereby time passes quickly and one has difficulties detaching) (compare Schaufeli *et al.*, 2002:71-92).

Vigor and dedication are considered as the core dimensions of work engagement by Schaufeli and Bakker (2001: 229-253). Rather than a momentary and specific state, engagement refers to a more persistent and pervasive affective cognitive state that is not focused on any particular object, event, individual, or behaviour (Schaufeli,

Martinez, Marques-Pinto, Salanova & Bakker, 2002: 464-481).

Based on a qualitative study, Schaufeli, Tans, Le Blanc, Peeters, Bakker and De Jonge (2001: 422-428) described eight characteristics of engaged workers which involves that they

- Take initiative and actively give direction to their lives.
- Generate their own positive feedback as encouragement.
- Are also engaged when outside their employment.
- Have values and norms that agree with those of their employing organization.
- Become fatigued but it is a positive fatigue – “tired but satisfied”
- Have sometimes been burnt-out, or could become so, but often get themselves out of it again.
- Will occasionally want to do something other than work.
- Do not suffer from enslavement to work.

Burnout and engagement are considered as the opposite poles of a continuum by Maslach and Leiter (1997:4) and they describe it as the erosion of engagement. They put it that with burnout energy turns into exhaustion, involvement turns into cynicism, and efficacy turns into cynicism and ineffectiveness. As a result, they also assess work engagement by the opposite pattern of scores on the three Maslach Burnout Inventory (MBI) dimensions – low scores on exhaustion and cynicism, and high scores on efficacy are indicative for engagement. In this regard, a recent study by Gonzalez-Roma, Schaufeli, Bakker and Lloret (2006:165-174), indicate that burnout and work engagement are indeed each other's opposite poles. More specifically, vigour and exhaustion span a continuum that is dubbed “energy”, whereas dedication and cynicism similarly constitute the endpoints of a continuum that is labeled “identification”. Hence, work engagement is characterized by high levels of energy and identification, whilst burnout is characterized by low levels of energy and identification.

Schaufeli and Bakker (2004:293-315) are of the opinion that in light of the fact that burnout and work engagement are considered to be opposite concepts, they should

therefore be measured independently with different instruments. The authors, however, also believe that burnout and engagement may be considered two prototypes of employee well-being that are part of a more comprehensive taxonomy constituted by the two independent dimensions of pleasure and activation. Activation ranges from exhaustion to vigour, while identification ranges from cynicism to dedication. According to this framework, burnout is characterized by a combination of exhaustion (low activation) and cynicism (low identification), whereas engagement is characterized by vigour (high activation) and dedication (high identification) (Schaufeli & Bakker, 2004:293-315).

Work engagement is also distinct from other established constructs in organizational psychology, such as organizational commitment, job satisfaction or job involvement (Maslach *et al.*, 2001: 397-422). Organisational commitment refers to an employee's commitment to the organization that provides employment. The focus is on the organization, whereas engagement focuses on the work itself. Job satisfaction is the extent to which work is a source of need fulfillment and contentment, or a means of freeing employees from hassles causing dissatisfaction; it does not encompass the person's relationship with the work itself. Job involvement is similar to the involvement aspect of engagement with work, but does not include the energy and effectiveness dimensions (Maslach *et al.*, 2001: 397-422).

2.3.1 Job demands and job resources

At the heart of Demerouti, Bakker, Nachreiner and Schaufeli's (2001:499-512) job demands-resources (JD-R) model lies the premise that, whereas each occupation may have its own specific risk factors associated with burnout, these factors can be classified in two general categories, namely job demands and job resources. This constitutes an overarching model that may be applied to various occupation settings, irrespective of the particular demands and resources involved. Job demands refer to those physical, psychological, social, or organizational aspects of the job that require sustained psychical and/or psychological (cognitive and emotional) effort or skills, and are therefore associated with certain physiological and/or psychological costs. Examples are a high work pressure, an unfavourable physical environment, and

emotionally demanding interactions with clients. Job resources refer to those physical, psychological, social, or organizational aspects of the job that are either/or: (1) functional in achieving work goals; (2) reduce job demands and the associated physiological and psychological costs; (3) stimulate personal growth, learning, and development (Demerouti, *et al.*, 2001:499-512).

A second premise of the JD-R model is that two different underlying psychological processes play a role in the development of burnout and work engagement. In the first process, chronic job demands (for example work overload or conflicts) lead in the long term to exhaustion (Demerouti, *et al.*, 2001:499-512). In this regard Hockey (1993:328-345) mentions that individuals use performance-protection strategies under the influence of environmental demands. Performance protection is achieved through the mobilization of sympathetic activation (autonomic and endocrine) and/or increased subjective effort (use of active control in information processing). Hence, the greater the activation and/or efforts, the greater the physiological costs for the individual. The second process (compare Demerouti, *et al.*, 2001:499-512) is motivational in nature, whereby it is assumed that job resources have motivational potential and lead to high work engagement, low cynicism, and excellent performance. As follows from the definition, job resources may either play an intrinsic motivational role because they foster employees' growth, learning, and development, or they may play an extrinsic motivational role because they are instrumental in achieving work goals. In the former case, job resources fulfill basic human needs, such as the needs for autonomy, competence, and relatedness (Hockey, 1993:328-345).

According to the effort-recovery model of Meijman and Mulder (1998: 5-33), work environments that offer many resources foster the willingness to dedicate one's efforts and abilities to the work task. Consequently, it is likely that the task will be completed successfully and that the work goal will be attained. In either case, be it through the satisfaction of basic needs or the achievement of work goals, the presence of job resources leads to engagement, whereas their absence evokes a cynical attitude toward work.

In addition to the main effects of job demands and resources, the JD-R model proposes that the interaction between job demands and job resources is important for the development of burnout and work engagement as well. More specifically, it is proposed that job resources may buffer the impact of job demands on burnout (Bakker, Demerouti, Taris, Schaufeli & Schreurs, 2003:16-38). The final proposition of the JD-R model is that job resources particularly influence work engagement when job demands are high.

2.4 THE CONCEPT OF OPTIMAL EXPERIENCE (FLOW)

Work engagement (especially absorption) comes close to what is called *flow*, a term used by Csikszentmihalyi (1990). Research into the concept of flow supports the notion that one's work provides opportunities for experiencing a state of well-being. Haworth (1997) found that flow was more common in work than leisure. Flow is a psychological state associated with well-being that entails the exercise of challenging skills (Csikszentmihalyi & Csikszentmihalyi, 1988). Flow is also described by King, Eells and Burton (2004:35) as a specific type of intrinsically motivated state that also bears remarkable resemblance to Aristotle's notion of eudaimonia. Flow, according to Csikszentmihalyi (1990) involves being optimally challenged by experience. In flow the demands of the situation match the individual's abilities, and the individual is engaged fully in the act of doing. Csikszentmihalyi (1990) notes that although flow is enjoyable, it involves effort and as such may not be viewed as preferable. For instance, although individuals are more likely to experience flow while at work, they are also more likely to say that while at work, they wish they were someplace else. Research has shown a strong link between happiness and the experience of flow. Short-term positive feelings are often associated with feelings of flow (King, Eells & Burton, 2004:39). Job-related well-being is also known to interrelate with general life satisfaction, according to Judge and Watanabe (1993:939-948).

Flow, according to Csikszentmihalyi (1990) represents a state of optimal experience that is characterized by the following characteristics:

- Intense and focused concentration on what one is doing in the present moment
- Merging of action and awareness

- Loss of reflective self-consciousness (it is loss of awareness of oneself as a social actor)
- A sense that one can control one's action (a sense that one can in principle deal with the situation because one knows how to respond to whatever happens next)
- Distortion of temporal experience (it is a sense that time has passed faster than normal)
- Experience of the activity as intrinsically rewarding, such that often the end goal is just an excuse for the process.

The state of flow is one of dynamic equilibrium. Entering flow depends on establishing a balance between perceived action capacities and perceived action opportunities. This balance is intrinsically fragile. If challenges begin to exceed skills, one first becomes vigilant and then anxious. If skills begin to exceed challenges, one first relaxes and then becomes bored (Csikszentmihalyi, 1990).

According to Nakamura and Csikszentmihalyi (2002:90) the individual operates at full capacity when in flow. A key characteristic of flow is that of *interactionism* where the focus is not on the person, abstracted from context, but emphasizes the dynamic system composed of person and environment, as well as the phenomenology of person-environment interactions. Nakamura and Csikszentmihalyi (2002:91) stated that it is the subjective challenges and subjective skills, not objective ones that influence the quality of a person's experience.

It is stated by Nakamura and Csikszentmihalyi (2002:92) that the phenomenology of flow reflects attentional processes. Intense concentration, the defining quality of flow, is another way of saying that attention is wholly invested in the present exchange. Entering flow is largely a function of how attention has been focused in the past and in the present. Interests developed in the past will direct attention to specific challenges. Staying in flow requires that attention be held by this limited stimulus field. Apathy, boredom, and anxiety, like flow, are largely functions of how attention is being structured at a given time. In boredom and apathy, the low level of challenge relative to skills allows attention to drift. In anxiety, perceived challenges exceed capacities. Particular in contexts of extrinsic motivation, Nakamura and

Csikszentmihalyi (2002:92) mention that attention shifts to the self and its shortcomings, creating a self-consciousness that impedes engagement of the challenges. When attention is completely absorbed in the challenges at hand, the individual achieves an ordered state of consciousness. The notion of complexity applies as well. As people master challenges in an activity, they develop greater levels of skill, and the activity ceases to be as involving as before. In order to continue experiencing flow, they must identify and engage progressively more complex challenges. The flow experience is thus a force for expansion in relation to the individual's goal and interest structure, as well as for growth of skills in relation to an existing interest. Massimini and Delle Fave (2000:27) formulate the position of optimal functioning as follows:

...a person will search for increasingly complex challenges in the associated activities and will improve his or her skill accordingly. This process has been defined as cultivation; it fosters the growth of complexity not only in the performance of flow activities but in individual behavior as a whole.

According to Schaufeli and Bakker (2004:293-315), flow refers to rather particular, short-term "peak" experiences instead of a more pervasive and persistent state of mind, as is the case with work engagement.

2.5 EUSTRESS

Eustress or "good stress", according to Seyle (in Le Fevre, Matheny & Kolt, 2003:726-744) is defined as "...the non-specific response of the body to any demand placed on it". He differentiated between distress and eustress and regarded it as different and distinct from each other. Distress occurs when the demands placed on the body (that includes both the physiological and the psychological aspects) exceed its capacity to expand energy in maintaining homeostasis. The demand stimulus may be perceived as pleasant or unpleasant. In Seyle's treatment of distress, the degree of demand is fundamental. If stress can be broken into either eustress or distress, and distress is represented by too much or too little demand, then it follows that eustress might be considered to be that amount of stress between too much or too little, an optimal level

of stress. This differentiation leads to the idea that both under and over-stimulation may lead to distress while moderate stress results in eustress (Seyle in Le Fevre, *et al.*, 2003:726-744).

The concept of an optimal amount of stress arise from the Yerkes-Dodson Law (compare Yerkes & Dodson, 1908:459) which indicates that increasing stress is beneficial to performance until some optimum level is reached, after which performance will decline. The process is often illustrated graphically as a curvilinear, inverted U-shaped curve which increases and then decreases with higher levels of arousal. The effect of task difficulty led to the hypothesis that the Yerkes-Dodson Law can be decomposed into two distinct factors. The upward part of the converted U can be thought of as the energizing effect of arousal (or eustress). The downward part is caused by negative effects of arousal (or stress) on cognitive processes like attention, memory and problem-solving.

This, however, represents only one aspect of the eustress construct, and in Seyle's work (in Le Fevre, *et al.*, 2003:726-744), this is an implicit rather than explicit aspect of what he defines as eustress. Seyle maintains that the distressful or eustressful nature of any particular stimulus is governed by how one interprets it and chooses to react to it. Seyle observes that the individual determines whether the stressor is to be eustress or distress. Harris (1970:33-40) equates eustress with pleasure and Edwards and Cooper (1988:1447-59) define eustress as a positive discrepancy between perceptions and desires (provided that the discrepancy is salient to the individual). A common point among these authors upholds that eustress is primarily a result of positive perception of stressors. According to Seyle (in Le Fevre, *et al.*, 2003:726-744), placing the individual in control of the stress he or she experiences, suggests that learning to react to stressors with positive emotions (for example gratitude, hope and goodwill) is likely to maximize eustress and minimize distress.

From the literature on stress, distress and eustress, Le Fevre, *et al.* (2003:726-744) develop a series of three beliefs.

- Stress is the response to stressors in the environment, and stress by definition is either eustress or distress or a combination of the two.

- In addition to the amount of stress they cause, stressors can be identified by a series of characteristics: the timing of the stressor, the source of the stressor, the perceived control of the stressor, and the perceived desirability of the stressor.
- Whether stressors result in eustress or distress depends on the individual's interpretation.

Nelson and Simmons (2003:97-119) propose that meaningful work leads to eustress, which can promote engagement even in demanding conditions. Eustress reflects the extent to which cognitive appraisal of the situation is seen to benefit or enhance an individual's well-being.

2.6 APPRAISAL

According to Cooper and Dewe (2004:68) the construct of appraisal was popularized by Lazarus in the 1960's as part of the cognitive revolution and also of the "...intellectual transition towards stimulus – organism – response (S-O-R) models". Lazarus and Folkman (1984:24) define appraisal as: "...the unique and changing relationship taking place between a person with certain distinctive characteristics (values, commitments, styles of perceiving and thinking) and an environment whose characteristics must be predicted and interpreted". The appraisal theories of Lazarus suggested that emotion is closely linked to cognitive appraisal of an encounter. According to this approach, emotional reactions are not a simple function of either a person's dispositions or situation. Instead, they evoked as the result of a meaning analysis in which the properties of both the self and the situation are systematically appraised to determine the adaptational implications of the situation for the person's well-being. (Compare Lazarus, 1991:819-834; Smith & Lazarus, 1993:161-200). This model proposes a number of components of appraisal, each representing a specific judgment made by a person to evaluate the adaptational significance of a situation for the person's well-being.

Lazarus and Folkman (1984:24-26) distinguish between primary and secondary

appraisal and see these as interdependent and part of a common process. The differences between them are not about timing but the contents of the appraisal. In primary appraisal the question is: "What is at stake for me?" The answers to this question gives rise to a range of responses, from neutral to positive to negative. Primary appraisal comprises motivational relevance and motivational congruence/incongruence. Motivational relevance refers to the extent to which any given encounter has relevance for a person's own goals and motives (issues the person cares about). Without motivational relevance, an encounter will have no ability to arouse emotion. Motivational congruence governs the valence of emotion generated. If an encounter is both relevant to and congruent to an individual's own goals and motives in the situation, the individual will experience positive emotion. Conversely, an encounter that is incongruent with relevant goals and motives will have potential to generate negative emotion (Lazarus & Folkman, 1984:24-26).

It is stated by Lazarus (1999:76) that, whereas primary appraisal governs the intensity and valence of emotional experience, secondary appraisals concern the options and prospects for coping and define the specific type of emotion experienced. In secondary appraisal, according to Lazarus (1999:76), three decisions have to be made: (1) who is responsible for the event (accountability), (2) whether one has resources appropriate to the demand (leading to problem-focused coping), and (3) whether one can handle the emotional demands of the event (leading to emotion-focused coping). Challenge appraisals occur when one appraises that the demands of the event are within one's resources or abilities to cope, whereas threat appraisals occur when these demands are appraised as taxing or even exceeding one's resources or ability to cope. Lazarus and Folkman (1984:24) state: "...how a person *construes* an event shapes the emotional and behavioral response".

In his article *What contributes to fortigenic appraisal of inordinate demands? Everything!* Strümpher (2007:491-517) postulates that many of the kinds of situations that a person experience as challenges, threats, or losses, and which tax a person's psychological strengths, are usually unanticipated, seemingly contingent. Consequently, it could be noted that an 'objective' event occurred, but then moved on

to be a 'subjective' experience, central to which is appraisal. According to Strümpher (2007:495) the range of variables that contribute to appraisal is a complex supra-system in which all of the variables, as subsystems, dynamically interact and, in the expression of Bidell and Fisher (1997:193-242), interparticipate. In building up a whole (a system), the parts (subsystems) combine and interact. The properties and interactions of the parts are non-additive: they cannot be added to explain the properties of the whole (Strümpher, 2007:509). As a result, work-related well-being does not solely reside within the environment or the individual: it is the result of a dynamic transaction between the constituting elements of the environment and the individual's cognitive processes. Except in the case of pathological functioning, Strümpher (2007:511) sees appraisal as basically a constructive activity to which a wide range of biological, psychological, and social-cultural factors contribute in mainly constructive ways. A discussion of these factors is not within the scope of this research paper.

2.7 SUBJECTIVE WELL-BEING

The case for the understanding of psychological well-being in its own right was made by Jahoda in 1958, not simply as the absence of disorder or distress (in Peterson & Seligman, 2003:65-66). Jahoda extracted six processes that contribute to mental health: acceptance of oneself, growth/development/ becoming, integration of personality, autonomy, accurate perception of reality, and environmental mastery. According to Peterson and Seligman (2003:65-66), Jahoda's argument is the very premise of today's positive psychology and she provided a framework for understanding the components of mental health. However, according to Ruini and Fava (2004:371) all of these aspects of psychological well-being have been neglected for a long time because the development of psychotherapeutic strategies that may lead to symptom reduction has been the main focus of research.

A relevant methodological issue encountered in literature is the broad definition of psychological well-being and optimal functioning. Research by Ryan and Deci (2001:141-166) show that research on well-being has followed two main directions: (1) happiness and hedonic well-being and (2) development of human potential

(eudaimonic well-being). In the first realm, the concept of well-being is equated with a cognitive process of evaluation of an individual's life or with the experience of positive emotions. Elements of psychological well-being are descended from the Aristotelian theme of *eudaimonia*, which suggests that the highest of all goods achievable by human action is happiness derived from lifelong conduct aimed at self-development (Waterman, 1993: 678-691). According to Ruini and Fava (2004:371), the concept of eudaimonic well-being included concepts such as self-actualization (Maslow, 1968), full functioning (Rogers, 1961), maturity (Allport, 1961), individuation (Jung, 1964), and successful resolution of adult developmental stages and tasks (Erikson, 1959).

From the above, one could gain the impression that the two perspectives on subjective well-being are opposing each other. However, there are also conceptions that bring them together. Ryan and Deci (2001:148) conclude that "...evidence from a number of investigators has indicated that well-being is probably best conceived as a multidimensional phenomenon that includes aspects of both the hedonic and eudaimonic conceptions". Wissing and van Eeden (2002:32-44) provide further empirical support for this contention. Research conducted by these two authors on the nature of psychological well-being indicated that it is a combination of specific affective, cognitive, behavioural and interpersonal qualities. The following facets and characteristics of generally psychological well-being have been distinguished by Wissing and van Eeden (2002:32-44) :

- *affect* – positive feelings predominate over negative feelings,
- *cognition* – life is viewed as comprehensible and meaningful, there is a general belief and expectation that demands will be met and coped with, and global life satisfaction is experienced as judged by own criteria,
- *behaviour* – there is an acceptance of challenges without avoidance of problems, interest in work or activities, and management of own (also financial) affairs
- *self-concept* – an experience of self worth and an ability to affirm oneself, exist
- *interpersonal relationships* – perceive support, feel trusting towards others enjoy their company, feel needed

- *absence of general symptoms of mental disorder* – such as intense anxiety, severe depression, negative affect or somatic symptoms.

According to Keyes and Magyar-Moe (2003:411-425), social scientists devise many tools to tap people's subjective view of their life experience. From this research, according to Diener, Suh, Lucas and Smith (1999:276-302), two general lines of well-being research have evolved. The first line of research constitutes the examination of emotional well-being. It is the evaluation of the degree of positive feeling (for example, happiness) experienced and of perceptions (for example, satisfaction) of one's life overall. The second stream of well-being research by Ryff and Keyes (1995:719-727) specifies dimensions of positive functioning in terms of psychological well-being and social well-being as researched by Keyes (1998:121-140).

Emotional well-being is defined by Keyes and Magyar-Moe (2003:411) as subjective well-being that consists of perceptions of avowed happiness and satisfaction with life and the balance of positive to negative affects. Happiness is based on spontaneous reflections of pleasant and unpleasant feelings in one's immediate experience; life satisfaction represents a long-term assessment of one's life. This threefold structure of emotional well-being, consisting of life satisfaction, positive affect, and negative affect, has been confirmed by several authors. (Compare Bryant & Veroff, 1982; Lucas, Diener & Suh, 1996; Shmotkin, 1998.)

The second stream of research on well-being specifies dimensions of positive functioning in terms of psychological well-being (compare Ryff & Keyes, 1995:719-727) and social well-being (compare Keyes, 1998:121-140). Positive functioning consists of the multidimensional constructs of psychological well-being and social well-being (Keyes, 1998:121-140). Like emotional well-being, the focus of psychological well-being remains at the individual level, whereas relations with others and the environment are the primary aims of social well-being (Keyes & Magyar-Moe, 2003:413).

Keyes and Magyar-Moe (2003:414) see emotional well-being and positive functioning converge to create a comprehensive model of subjective well-being that takes into

consideration multiple aspects of both the individual and his or her functioning in society. In total, subjective well-being includes elements of perceived happiness and life satisfaction, the balance of positive and negative affects, psychological well-being, and social well-being. Subjective well-being is individuals' assessment of their lives. Research suggests that subjective well-being is multifactorial and multidimensional. It entails individuals' emotional assessment and reactions to their lives, as well as their cognitive assessment of their functioning in life (Keyes & Magyar-Moe, 2003:414).

Strümpher (2003: 69-79) states that a straightforward hedonistic search for subjective well-being cannot prevent distress and burnout, and that a modicum of eudaimonic striving and satisfaction will be required to ward it off, even a greater extent will be necessary for work engagement to occur. Therefore, in the words of Strümpher (2003:72) "...it seems safe to assume that subjective well-being constitutes an antithesis to an end-condition of burnout".

2.7.1 Subjective well-being at work

Work has long been recognized as a very important avenue for advancing well-being and studies of life satisfaction often report higher levels of satisfaction among the employed than the unemployed (Warr, 1999: 329-412). It was stated by Keyes and Magyar-Moe (2003: 420) that since Aristotle, well-being has been deemed as one of life's highest goods – an end rather than a means in life, because its consummation could quench desire and motivation and its accomplishment could render individuals complacent and unproductive. Alternatively, well-being may be conceptualized as a means rather than an end to life. If the objective of life is the process of living a healthy and productive life, then well-being may unleash potential in terms of creativity, productivity, and community involvement. Social scientific evidence suggests that well-being is a means to a better and more productive life (Keyes & Magyar-Moe, 2003:420).

Harter, Schmidt and Keyes (2002:205-227) propose that subjective well-being may possess social utility as the measures of business profitability, productivity and employee retention has increased as the level of employee well-being increased.

Studies show that subjective well-being is also associated with civic responsibility, the provision of emotional and material support to more people, higher levels of generativity (it is intergenerational transmission of skills and resources), local community involvement and volunteering. (Compare Keyes, 1996:12; Keyes & Ryff, 1998:227-263.) As a consequence, well-being may be a result of, or a cause of, the feelings (it is social responsibility) and behaviors (volunteering) that generate social capital. Social capital consists of normative social obligations, feelings of trust, and social relationships bound by reciprocity. Social capital help communities and organizations to arrive at shared objectives and then implement and achieve those objectives (Coleman, 1988:95-120).

2.7.2 Well-being according to the Gestalt Perspective

A discussion on well-being according to the Gestalt perspective will be discussed as follows:

2.7.2.1 Optimal functioning

In psychology, it was Gestalt psychology, in the person of Heinz Werner who first and most thoroughly inquired into the question of “what does it imply to flourish as a social being?” (in Jorgensen & Nafstad, 2004:22). Werner’s idea was that it is possible to postulate on a very general level that all individuals as cognitive, affective, and social beings go through a common development process towards what is better, more distinct, precise, or perfect. Werner’s development principle, named the orthogenetic principle, postulates that positive change must always be assumed to shift from a diffuse state toward constantly more differentiated, variation, progression, and hierarchic integration. According to Baldwin (in Jorgensen & Nafstad, 2004:22-23) the orthogenetic principle represents the most systematic abstract attempt in modern psychology to describe optimal functioning. Harvey (1997:146-165) summarized Gestalt psychology’s proposal on optimal function as that the individual continually strives to structure, to improve, or to be stretched. According to Jorgensen and Nafstad (2004:15) positive psychology also holds a fundamental assumption that living systems are self-organizing and oriented toward increasing differentiation and complexity.

2.7.2.2 Healthy functioning

Healthy functioning, according to Enright (1970:119-120) is when individuals can develop awareness without blocking wherever their organismic attention is drawn. Such individuals can experience their own needs and the environmental possibilities fully and clearly from moment to moment, accepting both as given and working toward creative compromises. Although inner conflicts of needs and environmental frustrations will exist, being in close touch with these developing needs and the environment, individuals should be capable of achieving reasonably adequate solutions quickly and does not magnify problems with fantasy elaborations. Healthy functioning individuals' sensual world is vivid and colourful, and their interpersonal world relatively uncontaminated with projections and unreal expectations. They can perceive and respond to others much more as they are and become from moment to moment, rather than as fixed stereotypes. They have a clear sense of the relative importance of things and can do what has to be done to finish situations. Since unfinished business does not pile up, they are free to do and be quite fully and intensely whatever they are doing or being, and people around them often report a sense of them being much more *with* them when they are with them. Seeing people reasonably clearly and without excessive fantasy, it is easy for them to be quite direct with others and appreciate them for what they are. They have their share of conflicts with others, but can resolve those conflicts that are resolvable, and let go of those that are not. They are self-respecting in every sense, including in appreciation and enjoyment of their bodies with consequent physical grace (Enright, 1970:119-120).

2.7.2.3 Individual and environment

Perls (in Clarkson & Mackewn, 1993:36-37) emphasize the interrelationship between the individual and the environment. In his holistic field theory, a person's behaviour can only be understood in terms of his/her interdependence with his/her environment because his/her social, historical, and cultural field is intrinsic. Polster and Poster (1999:101) propose that in Gestalt therapy the relationship of the individual to his/her environment is growthful and exciting, and that the basic element in this relationship is contact. Good function can be assessed by the quality of contact, by the ability of the individual to respond flexibly and creatively, with persistence and clarity within an

environment that invites interest and is responsive to his/her needs. According to Perls (In Yontef & Simkin, 1989), "... there is only one thing that should control: the situation. If you understand the situation you are in and let the situation you are in control your actions, then you learn to cope with life".

2.7.2.4 Awareness

According to Joyce and Sills (2005:27) awareness is a fundamentally positive, essential quality of healthy living and the cornerstone of Gestalt practice. It is a non-verbal sensing or knowing what is happening here and now. Awareness, according to these authors, can be understood as a continuum. At one end is sleep where awareness is minimal and automatic. At the other end is full self-awareness (also called full contact or peak experience) where you feel fully alive, exquisitely aware of being in the moment, with a sense of connection, spontaneity and freedom. Yontef (1993:144-145) defines awareness as a form of experience: "...being in touch with one's own existence, with *what* is ... the person who is aware knows *what* he does, *how* he does it, that he has alternatives and that he *chooses* to be as he is".

Yontef (1993:144-145) sees effective awareness as grounded in and energized by the dominant present need of the organism. It involves self-knowledge as well as direct knowledge of the current situation and how the self is in that situation. Awareness is accompanied by owning, it is the process of knowing one's control over, choice of, and responsibility for one's own behavior and feelings. The person who is aware knows what he does, how he does it that he has alternatives and that he chooses to be as he is. According to Gestalt principles, as stated by Yontef (1993:144-145), people are responsible (response-able); that is, they are the primary agents in determining their own behaviour. When responsibility is confused with blaming and "shoulds", they pressure and manipulate themselves. In such instances their true wants, their needs and responses to the environment and choices in the situation are ignored and they overcomply or rebel against shoulds.

2.7.2.5 Creative adjustment

According to Amendt-Lyon (2003:12-13) the Gestalt therapeutic concept of healthy

functioning also includes creative adjustment. The mentioned author sees a close relationship between Wertheimer's concept of productive thinking and creative adjustment. Productive thinking strives for the kind of intellectual independence that requires insight, holistic perception and bestowal of meaning. Amendt-Lyon (2003:12-13) states that amongst the laws of Gestalt theory that are crucial to this process are (1) the principle of *prägnanz*, which holds that percepts take the best form possible under the given circumstances and (2) the tendency towards making good gestalten as exemplified by the organisation of the field pressing for the greatest clarity and simplicity possible under the given conditions. When the productive thinking process, which adheres to the demand characteristics of the situation, is blocked and it cannot process the information from the environment appropriately, structural blindness, lack of perspicuity, panic reactions resulting from impatience, or confusion as a result of obtrusive and incomplete ways of thinking, as well as functional fixedness, may arise.

Likewise, creative adjustment, as seen by Amendt-Lyon (2003:12-13), is a holistic process within the organism/environmental field, involving interrelated sensory, motor, emotional, and intellectual aspects. Striving for the good gestalt, creative adjustment involves letting go of chronically dysfunctional behaviour patterns, using one's perceptual functions and available resources optimally in the interchange with the given circumstances of one's present life implying also insight and the bestowal of new meaning. Yontef (1993:144-145) sees a person who shows creative interaction as taking responsibility for the ecological balance between self and the environment.

2.7.2.6 Freedom, responsibility and authenticity

Perls (in Clarkson & MacKewan, 1993:8-9) emphasized the existential concepts of freedom, responsibility and authenticity. In its existential sense, freedom refers to an absence of eternal structure or obligation in which the individual is responsible for his/her choices and actions. Most people try to escape the truth of their freedom and personal responsibility by imagining obligations to other people or institutions or by blaming others for their fate. Closely related to the idea of personal freedom is the existential concept of authenticity; living authentically means choosing to live with

integrity, to face life without self-deception or game-playing.

Authenticity is defined by Kernis and Goldman (2006:344) as the "...unimpeded operation of one's true- or core-self in one's daily enterprise". These authors report research indicating that higher dispositional authenticity relates to many aspects of adaptive functioning, including problem-focused coping strategies, mindfulness, positive role functioning, healthy aspects of self-concept structure, hedonic and eudaimonic well-being, authentic goal pursuits, and low verbal defensiveness. Collectively, as recorded by Kernis and Goldman (2006:293), the existential philosophy perspective couches authenticity as occurring when people freely choose to commit themselves to engage their activities with agency, in a process of self-authoring their way of being. Authentic functioning is reflected in an individual being "...the master of his or her own domain". To Seligman (2002:262) authenticity is a prerequisite for 'a good life'. He describes it as using one's signature strengths to obtain abundant gratification in the main realms of one's life. Therefore, Seligman's stance is that the good life is to be using your signature strengths, being true to your own character or fundamental nature of virtues.

2.7.2.7 Training in the art of living well

During training, Gestalt students are absorbing an approach to living and making sense of life and the world. Key abilities that are supported by and intrinsic to a Gestalt-style education relate to the art of living well, flourishing as a human being, and living a full and satisfying life "with artistry" (Parlett, 2000: 24-25). Parlett (2003: 51-62), regards the abilities as "...five dimensions of creative adjustment or as varieties of human strength". He has named them as follows: responding, interrelating, self-recognizing, embodying, and experimenting. These abilities will subsequently be discussed.

2.7.2.7.a. Responding

The ability to respond is not a fixed and measurable attribute, but highly field-dependent and variable according to circumstances. Responding relates to issues of self-support and empowerment, to taking author-ity and response-ability for one's

own life, and the existential nature of one's life choices. It is about supporting clear gestalt formation and completion, and achieving free-functioning – fluidity and flexibility within an ever-changing field. Examples of responding difficulties are in feeling hopeless, dis-empowered, and alienated (Parlett, 2003: 53).

2.7.2.7.b. Interrelating

Interrelating, as described by Parlett (2003:51-62), is the ability to interrelate, to engage with other people productively. This specialized study that Gestalt students undertake is one that requires much practice and careful observation by others more skillful in spotting disturbances to contact or where the flow of engaged connection seems to falter or move backwards. It involves learning to listen, with all one's senses, and to give space to another to express him/her self. Practicing inclusion and learning to live the relationship (compare Yontef, 1993), or developing an intersubjective capacity to "enter another's world" with exquisite sensitivity, are developments of the interrelating ability to a very advanced level. Difficulties in interrelating can be seen in the huge incidence of relationship difficulties and lack of sensitivity in handling differences of outlook amongst people (Parlett, 2003: 51-62).

2.7.2.7.c. Self-Recognizing

Self-recognizing is a general ability that, in Gestalt terms, accommodates many varieties of being aware. It includes having an accurate self-image, and knowing one's process. Realizing the value of greater awareness is another dimension of self-recognizing. According to Yontef (in Parlett, 2003:62), there are stages of development beginning with awareness and moving to "becoming aware of one's awareness process" and continuing up to having a profound "phenomenological attitude" where, in the terms used here, a degree of self-recognizing is always present. Difficulties in self-recognizing relates to the confusion regarding direction, focus, sense of self, and how to live (Parlett, 2003: 53-62).

2.7.2.7.d. Embodying

According to Parlett (2003:51-62), embodying is the ability to live with one's whole being and not as a talking head. The Gestalt student learns to be interested not only

in people's ways of thinking and the content of their minds, but also in their physical reactions, their 'felt sense', their experiences of emotional and physiological processes. To be embodied, according to Merleau-Ponty (in Parlett, 2003:62) means to be in touch with the physical and emotional manifestations of experiencing, to understand teachings such as "...my body is the vehicle of my being-in-the-world". Embodying stands as an alternative to desensitization and having disordered reactions to essential body functions (for example in relation to eating and sleeping).

2.7.2.7.e. Experimenting

Parlett (2003:51-62) is of the opinion the experimenting calls for an exceptional degree of focus. There is an intensity of involvement and concentration as a change is made, the point of risk is surmounted, or a climatic moment reached and passed. Other considerations are put on hold: "...during an intense experience of a work of art it is felt to be ... the only possible work or at least the highest kind, and the experience of it inestimably valuable" (Perls, Hefferline & Goodman, 1994:199). The attitude of experimenting calls for being open to the unknown and finding what is offered in the present moment and in the field as it exists at the time of the experiment. Experimenting calls for a particular kind of courage and willingness to be fully alive, acting spontaneously and being open to departing from convention. At the same time, there is strength in reasserting what is stable, secure, and predictable. Experimenting stands in opposition to operating 'on automatic' or being addicted to something to the point that life options decreased (Parlett, 2003:51-62).

According to Parlett (2003:61), the above mentioned abilities are essential in all human living and are drawn upon in the course of living a life. They can also be cultivated – as key areas of development and strengthening – given the right conditions of stimulation, opportunity, and support. As a result, they can become more pronounced, more generally available to be drawn upon and utilized in the course of living, working, creating, and acting the world. Equally, if conditions are unfavorable, or if the abilities are ignored and sidelined, they can fall out of use, or become atrophied or unavailable with serious consequences both for the individual and those around them (Parlett, 2003:61).

A serious problem remains though, namely, that of compliance, or how to get people to remain involved in principles introduced during training programs. Commenting on such situations, Csikszentmihalyi (1975:xiv) quoted an Italian saying: “An ocean lies between saying and doing”.

2.8 CHAPTER SUMMARY

It is virtually impossible to describe the complex of integrative, inter-participatory (compare Bidell & Fishcer, 1997:193-242) variables mentioned in this literature review. They are “...connected to everything else in the most elaborate, devious and elegant ways” (de Bernieres, 1998:127).

The literature review was purposefully conducted wide enough to gain insight into the phenomenon of work engagement and well-being. The major awareness gain through this review was the following:

- Work engagement and well-being is a desired state for optimal functioning inside, as well as outside the workplace
- There are a multitude of factors that contribute or impact on work engagement and well-being
- Gestalt principles, trained to Gestalt therapists during training programs can play a major part in the development of work engagement and well-being
- Work engagement and well-being can be seen as emergent. McMillian (2004:32) state that emergence “is a phenomenon of the process of evolving, of adapting and transforming spontaneously and intuitively to changing circumstances and finding new ways of being”. Emergent properties, however, exist only at the level of the whole and cannot be understood by understanding component parts and processes (McMillan, 2004:32).

The impact of physiological, environmental, cognitive, emotional, personality, meaningfulness and cultural factors on work engagement and well-being was not included in the literature review. It is not possible to delineate all of them properly or

to separate them clearly one from the other. “The whole is a complex suprasystem – consisting of complex subsystems – and this *holos* produces emergent properties and functions – as does each subsystem, in its turn also a *holos*” (Strümpher, 2007: 511). As a result, all of them affect work engagement and well-being in a never-ending synergy.

CHAPTER 3: CONCEPTUAL FRAMEWORK OF THE GESTALT PLAY THERAPIST

3.1 INTRODUCTION

There can be no doubt that South Africa is a very violent society. Children in South Africa have been - and continue to be – exposed to high and traumatic levels of violence and abuse in many forms, as stated by Conradie (2002). The 1996 National Crime Prevention Strategy identified crimes against children as one of its priority crimes. However, the reporting of crimes against children continues to increase, suggesting that what is being done is not enough.

It is in this context of crime, abuse and violence against children that South African Gestalt play therapists have to work and find meaning in the work that they do with children traumatized by everyday occurrences. It is also within this context that the Gestalt play therapist works that influence their healthy growth and development. In order to understand the situations that Gestalt play therapists are confronted with, it is important to have background information on the traumatised children they work with. Therefore a brief description will follow on occurrences that affect children and lead to trauma and grieve reactions. Subsequently, an overview on the work of the Gestalt play therapist will follow.

3.2 TRAUMA DEMOGRAPHICS

Although certain vulnerable groups of children experience higher levels of abuse, Carey (2007) stated that victimization of children occurs in all communities of our country irrespective of socio-economic or racial background. Specific childhood demographic and environmental factors that are associated with trauma and violence have been identified by Dawes (2002) and include:

- Female gender
- Family disharmony and fragmentation (divorced and single parent families)
- Poverty
- Parental/caregiver:

- Substance abuse
- Psychopathology
- Criminal activity/arrest
- Experience of violence

Although crimes against children occur in all communities, it is clear from research, as stated by Dawes (2002), that children in poor communities are more at risk. Structural features of poverty environments that raise the risk of abuse, according to Dawes (2002), include:

- Overcrowded housing in which there is little possibility of separation between sexualized adults or teenagers and children.
- Inclusion of non-family members (for example, lodgers) in already overcrowded households as a way of improving family income.
- Social isolation of families in communities with high rates of mobility, which leads to women and children having limited sources of support from neighbours.
- Poor recreational and related resources for youths.
- Unsafe neighbourhoods with low levels of policing and high levels of gang activity restrict movement and render children vulnerable to attack.

At the same time, Dawes (2002) identified that there are personal features of poverty environments that raise the risk of abuse:

- Individual parents struggle to cope with the strains of poverty, which leads to low emotional resources, depression and intra-familial and community violence.
- High levels of alcohol abuse.
- Parental difficulties with children monitoring and supervision (particularly where childcare facilities are very limited).
- Large numbers of unemployed men and youths.

3.3 DEFINITIONS OF TRAUMA

The tragedy of the South African society, according to Pavlicevic (2002:110), is that children, who are not responsible for the discomfort in their society, are victims of both 'invisible' and 'visible' violence. The nature of invisible violence is manifest as a "...slow eroding of life: a paucity of material well-being, the absence of a sense of security, the absence of a supportive social network and fragile life relationships". It is socially allowed either through state bureaucracy, or less overtly as in the current transition phase in the country. Visible violence is seen by Pavlicevic (2002:110) as an expression of rage directed at others, with possible destructive consequences.

The understanding of trauma, according to Pavlicevic (2002:110), "...is the emotional and psychological impact of acts that impinge on the self, that is, the effects of violent acts of living in a violent environment". The *Diagnostic and Statistical Manual of Mental Disorders* (DSM-VI) of the American Psychiatric Association (in Pavlicevic, 2002:110), states that a person is traumatized when exposed to a traumatic event in which both of the following have been present:

- The person has experienced, witnessed, or been confronted with an event or events that involved actual or threatened death or injury, or a threat to the physical integrity of oneself or others.
- The person's response involved helplessness or horror. In children this may be expressed by disorganized or agitated behaviour instead.

According to Jones, Schulz and Van Wijk (2001: 393) the traumatic event may be either situational, it is one incident such as a hijacking or developmental, where the situation develops over time. These authors state that psychic trauma can be defined as "...an emotional state of discomfort and stress resulting from memories of extraordinary catastrophic experiences which shattered the survivors sense of invulnerability to harm". Stamm (1999:54) distinguished between primary and secondary trauma. He suggests that when the event happens to the person, it is primary trauma; if a person encounters distress while empathizing for another who has been affected, it is secondary trauma. In many cases, particularly with the death

of a significant another, both primary and secondary trauma may be present. The trauma is ultimately experienced directly, since the loss happened to the family.

Terr (1995:301-320) proposed a division of childhood trauma into two categories, it is Type I, a sudden, distinct traumatic experience, and Type II is longstanding and comes from repeated traumatic ordeals. Children, suffering from Type I trauma appear to exhibit certain symptoms and signs that differentiate their condition from those that result from more complicated Type II trauma. According to Terr (1995:301-320), Type I events are characterized by fully detailed, etched-in memories, omens such as retrospective thoughts, cognitive appraisals, reasons, misperceptions, and mistiming of the event. In contrast, Type II traumas result in the psyche's developing defensive and coping strategies to ward off the repeated assaults on its integrity. Massive denial, psychic numbing, repression, dissociation self-anesthesia, self-hypnosis, identification with the aggressor, and aggression turned against self are prominent. Emotions generated from Type II traumas are an absence of feeling and a sense of rage and/or unrelenting sadness. These symptoms may be diagnosed in childhood as conduct disorders, attention-span deficit disorders, depressive disorders, or dissociative disorders (Terr, 1995:301-320).

3.3.1 The effects of trauma on children

According to Smith, Jaffe and Segal (2008), childhood trauma, known as attachment or developmental trauma, results from anything that disrupts a child's sense of safety and security. Attachment trauma is most severe, however, when it involves betrayal or harm at the hands of a caregiver. Attachment trauma has a negative impact on a child's physical, emotional, cognitive, and social development. Children who have been traumatized see the world as a frightening and dangerous place. When childhood trauma is not resolved, this fundamental sense of fear and helplessness can carry over in adulthood, setting the stage for further trauma (Smith, Jaffe & Segal, 2008).

Carey (2007) states that as the vast majority of brain development occurs in childhood and adolescence, failure and distortion of requisite experiences through

abuse and victimization may have long term effects on brain function and structure.

3.3.2 The neurology of trauma

According to Perry (2003:2), the recent articulation of developmental neurology is called 'neuroarcheology'. It captures the impact of adverse events on the developing brain, with the implicit suggestion that experiences leave a 'record' within the matrix of the brain. The neuroarcheological perspective on childhood experience simply states that the impact of a childhood event (adverse or positive) will be a reflection of (1) the nature, intensity, pattern and duration of the event and (2) that the resulting strengths (for example language) or deficits (for example neuropsychiatric symptoms) will be in those functions mediated by the neural systems that are most rapidly organizing (it is the developmental "hot zones") at the time of the experience (Perry, 2003:2).

Perry (2001:15-37), postulates that these sensitive periods or "hot zones" are different for each brain area and neural system, and consequently for different functions. Disruptions of normal developmental processes early in life (for example during the perinatal period) that alter development of the brainstem or diencephalons will also alter the development of limbic and cortical areas. Therefore, any developmental abuse can have a cascade effect on the development of all "downstream" brain areas and functions that will receive input from the effected neural system. The majority of the key stages of neurodevelopment take place in childhood and as an end result, adverse childhood events can alter the organization of developing neural systems in ways that create a lifetime of vulnerability (Perry, 2001:15-37).

The simple and unavoidable conclusion of neurodevelopmental principles is that the organizing, sensitive brain of an infant or young child is more malleable to experience than a mature brain. Because the brain is most plastic (receptive to environmental input) in early childhood, the child is most vulnerable to variance of experience during this time (Perry, 2001:15-37).

3.3.2.1 Post-traumatic stress disorder (PTSD)

In the DSM-IV, (in Perry, 2001:15-37), PTSD is described as a clinical syndrome that

may develop following extreme traumatic stress. There are six diagnostic criteria for PTSD:

- Extreme traumatic stress accompanied by intense fear, horror or disorganized behaviour
- Persistent re-experiencing of the traumatic event such as repetitive play or recurring intrusive thoughts
- Avoidance of cues associated with the trauma or emotional numbing
- Persistent physiological hyper-reactivity or arousal
- Signs and symptoms present for more than one month following the traumatic event
- Clinical significant disturbance in functioning.

According to Perry (1999:9-38), it is highly adaptive for a child growing up in a violent, chaotic environment to be hypersensitive to external stimuli, to be hypervigilant, and to be in a persistent stress-response. Children exposed to traumatic stress during development literally organize their neural systems to adapt to this kind of environment. They will develop a generalized physiological hyper-reactivity and hypersensitivity to all cues that activate the stress response apparatus. Pfefferbaum (1997:1503-1511), stated that the younger a child, the more vulnerable they appear to be for the development of trauma-related symptoms.

Clinically, this is very easily seen in children who are exposed to chronic neurodevelopmental trauma. According to Haddad and Garralda (1992:700-703), these children are frequently diagnosed as having attention deficit disorder with hyperactivity (ADD-H). They are, however, hyper-vigilant and do not have a core abnormality of their capacity to attend to a given task. According to Perry, Pollard, Blakley, Baker and Vigilante (1995: 271-291), these children have behavioural impulsivity, and cognitive distortions all of which result from a use-dependent organization of the brain. They are also characterized by persisting physiological hyperarousal and hyperactivity. They were observed to have increased muscle tone, frequently a low grade increase in temperature, an increased startle response, profound sleep disturbances, affect regulation problems, abnormalities in

cardiovascular regulation and anxiety. During development these children spent so much time in a low-level state of fear that they consistently focus on non-verbal cues, and not verbal cues. As a result, they are often labeled as learning disabled (Perry, 2001:15-37).

According to Friedrich (1998:523-531), children with PTSD may present with a combination of problems including impulsivity, distractibility and attention problems (due to hypervigilance), disphoria, emotional numbing, social avoidance, dissociation, sleep problems, aggressive (often re-enactment) play, school failure and regressed or delayed development. Perry (2001:15-37), reports that children with PTSD are often labeled with Attention Deficit Disorder with Hyper-activity (ADHD), major depression, Oppositional-defiant Disorder, conduct disorder, separation anxiety or specific phobia. PTSD is a chronic disorder and the residual emotional, behavioural, cognitive and social sequelae of childhood trauma persist and appear to contribute to a host of neuropsychiatric problems throughout life. This includes attachment problems, eating disorders, depression, suicidal behaviour, anxiety, alcoholism, violent behaviour, mood disorders and PTSD (Perry, 2001:15-37).

3.4 GESTALT THERAPY AND POST-TRAUMATIC STRESS DISORDER (PTSD)

Post-traumatic stress disorder from a Gestalt perspective is understood by Gestalt therapists as “unfinished business”. Polster and Polster describe unfinished business as:

... all experience hangs around until a person has finished with it. Nevertheless, although one can tolerate considerable unfinished experience, these uncompleted directions do seek completion and, when they get powerful enough, the individual is beset with preoccupation, compulsive behavior, wariness, oppressive energy and much self-defeating activity. Closure must come either by a return to the old business or by relating to parallel circumstances in the present. (1993:36)

Cohen (2002) state that PTSD is due to the inability of the individual to disengage from an experience and to absorb and digest it. Cohen see symptoms of trauma as manifestations of attempts to assimilate experiences that are not able to be assimilated, repeated unsuccessful attempts at completion, dissatisfaction with the person's own responses to the unusual circumstances and an existential crisis.

3.5 CHILDHOOD TRAUMA AND GRIEVE OCCURRENCES IN THE SOUTH AFRICAN CONTEXT

According to Conradie (2002), children constitute the most vulnerable group in contemporary democratic South African society. Crimes against them are increasing and becoming more heinous. Metzopoulos and Bowman (in Van As & Ramanjam, 2008:14), state that South Africa is home to 48 million people, approximately 20 million of whom are under the age of 18 and frequently psychological and physical victims of violence. During the period 1 April 2004 to 31 March 2005, 1,128 children were murdered, 24,189 were victims of assault with the intent to commit grievous bodily harm, 31,607 were victims of common assault and 22,486 were raped, as reported to the South African Police Force.

It is reported by Conradie (2002) that South Africa has 42 Family Violence, Child Protection and Sexual Offences units in the South African Police Services looking out for children. Furthermore, there are 176 courts especially prepared for child victim cases. The South African Police Services is the first line of reporting of crimes against children and have to respond with empathy, patience, and professional sensitivity to a complaint. However, the South African Law Commission (2002:57-60) found that police investigation procedures are insensitive to the state in which children are when they make a statement to the police or when they testify in court.

According to Bower (2003) the most common crime committed against children is physical assault. This includes murder, common assault and assault with the intention to do grievous bodily harm. The second most common crime committed against children is sexual assault. This category includes rape, sodomy, indecent

assault and other sexual offences. Wicks-Nelson and Israel (2000:432) describe four types of child maltreatment: physical abuse, sexual abuse, neglect and emotional abuse.

3.5.1 Physical assault/abuse

Wicks-Nelson and Israel (2004:433), define physical abuse as an act of commission by a caregiver that results or is likely to result in physical harm, including death of a child. Examples of physical abuse acts include kicking, biting, shaking, stabbing, or punching of a child. According to Bower (2003) there are no accurate statistics on children exposed to violence. However, studies by Peden (1999) have found that:

- According to *The Institute for Security Studies* (2007), assaults against children under the age of 18 reported to the South African Police Service were 55,796 in 2004/2005, declined to 46,820 in 2005/2006 and showed a further decline to 43,971 in the period 2006/2007.
- Statistics presented by Child Welfare South Africa (2003) indicate that collectively the 169 child welfare societies affiliated to Child Welfare South Africa dealt with 3,226 physically abused children on a monthly basis during 2003 only.

Violence in schools is also a growing problem and in urban areas, gangsterism is rife. Peden (1999) reports that:

- Many children are caught in the crossfire between gangs or drive-by shootings. Duncan and Rock (1997) found that an average of 1 in 4 children had witnessed incidents such as gang fights or robbery.
- Studies by Phillip (1999), in Soweto, Durban and Cape Town identify gang-based violence as the major crime and violence problems affecting schools.
- According to the National Crime Prevention Strategy (1996), children faced with unemployment, boredom, violence and poverty turn to crime and violence as alternatives.

3.5.2 Neglect

According to Wicks-Nelson and Israel (2004:433) neglect is an act of omission by a

parent or caregiver that involves refusal or delay in providing health care; failure to provide basic needs such as food, clothing, shelter, affection, and attention; inadequate supervision, or abandonment. This failure to act holds true for both physical and emotional neglect. According to the authors, neglect needs to be addressed with physical abuse as both refers to acts of omission, that is, failure to care for and protect children. The extent of the problems is difficult to estimate as statistics are not readily available and, according to Wicks-Nelson (2004:433), most experts agree that the prevalence of neglect is underreported.

Statistics presented by Child Welfare South Africa indicate that collectively the 169 child welfare societies affiliated to Child Welfare South Africa dealt with 11,432 neglected children on a monthly basis during 2003. It is stated that 42% of neglected children were between the age of birth and 5 years of age. They also dealt with 475 street children and 8,159 abandoned children during 2003.

3.5.3 Sexual Assault/Abuse

Sexual abuse is defined by Wicks-Nelson and Israel (2004:433) as an act of commission, including intrusion or penetration, molestation with genital contact, or other forms of sexual acts in which children are used to provide sexual gratification for the perpetrator. This type of abuse also includes acts such as sexual exploitation and child pornography.

It is suggested in a recent report (compare Carey, 2007) that childhood rape has increased by 400% in South Africa in the last decade. According to Dawes (2002), the figures on sexual assault are not a true reflection of the situation for children. It is well known that recorded sexual crimes greatly under-estimate prevalence due to under-reporting. Also, crimes that result in less injury to children than rape are far less likely to be reported (compare Dawes, 2002). The following reported statistics are of significance:

- According to *The Institute for Security Studies* (2007), the number of rape and indecent assault cases to children under the age of 18 reported to the South African Police Service rose from 27,315 in 2004 to 28,182 in 2006, and then

declined to 27,335 in the 2006/2007 period.

- Statistics of Child Welfare South Africa (2003) indicate that collectively the 169 child welfare societies affiliated to Child Welfare South Africa dealt with 4526 sexually abused children on a monthly basis during 2003 of which 89% were female. A further 78 children were involved in commercial sexual exploitation during 2003.

3.5.4 Emotional and psychological abuse

The definition of emotional abuse, as stated by Wicks-Nelson and Israel (2004:433), is an act of commission or omission that includes rejection, isolating, terrorizing, ignoring, or corrupting a child. Examples of emotional abuse are confinement; verbal abuse; withholding sleep, food, or shelter; exposing a child to domestic violence; allowing a child to engage in substance abuse or criminal activity; refusing to provide psychological care; and other inattention that results in harm or potential harm to a child. An important component of emotional abuse or psychological abuse is that it must be sustained and repetitive.

Studies by Kaplan, Pelcovits and Labruna (in McPherson, 2002) have shown that emotional abuse has devastating effects on children and that children who suffers from emotional abuse have the worst outcome of all abuses and are better predictors of later problems. Although the visible signs of emotional abuse in children are difficult to detect, the hidden scars of this type of abuse manifest in numerous behavioural ways, including insecurity, poor self-esteem, destructive behaviour, angry acts (such as fire setting and animal cruelty), withdrawal, poor development of basic skills, alcohol or drug abuse, depression and suicide, difficulty in forming relationships and unstable job histories. According to Garbarino (1991:45-50) emotional maltreatment is seen increasingly as part of all abuse and neglect.

3.6 CHILDREN AND DIVORCE

Divorce or separation is invariably traumatic for all concerned, but especially for the children of such a marriage or relationship. According to FAMSA (Family and

Marriage Society of South Africa [sa]:1) one out of every two marriages ends in a divorce. Statistics provided by Statistics South Africa indicate that about 157,027 children under the age of 18 years were affected by divorce during the period 2002 to 2006. Statistics, however, do not completely capture the impact of the problem. The high divorce rate and breakup of other relationships mean that more and more children are experiencing rearrangements in their households. Their parents' remarriages or other new relationships following divorce and separation compound the complexity of these children's lives. According to Wicks-Nelson and Israel (2000:430) it is generally agreed that children and adolescents from divorced and remarried families are at increased risk for developing adjustment problems. Those who have undergone multiple divorces are at greater risk.

The experience of divorce is a psychosocial stressor and a significant life transition for most children with long term repercussions for many. Some children from divorced homes show long-term behaviour problems, depression, poor school performance, acting out, low self-esteem, and (in adolescence and young adulthood) difficulties with intimate heterosexual relationships (Lamb, Sternberg & Thompson, 1997:395-396). Wicks-Nelson and Israel (2002:430) see the adjustment of children and adolescents to marital transitions as the result of a complex interaction among a large number of influences. This complex process also must be considered in the context of an ongoing developmental process.

Studies by Ludolph and Viro (1998) on children's attachment patterns indicate that divorce can cause serious emotional difficulties for younger children (0 to 48 months). The authors reported that even the normal upset and disorganization caused by a so-called friendly divorce caused young children to slip from secure feelings of attachment to insecure attachment behaviour. In high-conflict cases, secure children were observed to slip to disorganized and disoriented states of attachment with their parents. According to Armato and Keith (1991:53), it can convincingly be concluded that the impact of divorce and separation on children is significant and potentially harmful.

3.7 THE IMPACT OF HIV/AIDS ON CHILDREN

The AIDS Foundation of South Africa ([sa]:1) state that the total number of South Africans living with the virus at the end of 2005 was estimated by the United Nations Programme on HIV/AIDS (UNAIDS) to be in the region of 5.5 million of which women (aged 15+) was estimated to be in the region of 3.1 million. UNAIDS (UNAIDS: World Health Organization: 2005) estimates that there were 1.2 million orphans due to AIDS living in South Africa at the end of 2005. By the year 2015 this number is expected to have increased to 3 million. The number of children with HIV/AIDS in 2005 was estimated by UNAIDS to be in the region of 240,000. According to the AIDS Foundation of South Africa, South Africa has the sixth highest prevalence of HIV in the world, with 18.8% of the population estimated to be infected. As new infections are still increasing, South Africa is regarded as having the most severe HIV epidemic in the world.

HIV/AIDS constitutes a chronic stressor in the lives of many South African children and the following effects of HIV/AIDS on children are highlighted by Ebersohn and Eloff (2002:78-86) to contextualize the predicament of these vulnerable children:

- **Demographic effects:** Half of South Africa's 38.8 million population (16,3 million) are children. An estimated 61% of them live in poverty. Because of the close association between poverty and HIV infection this figure can serve as a proxy of the number of children affected by HIV/AIDS.
- **Health effects:** Children living in infected communities suffer from poor nutrition and ill health, and show signs of failure to thrive. Where social services, hospital and home-care systems are stretched or absent, vulnerable children have inadequate access to health care.
- **Family-life effects:** The traditional structure of households is changing in affected communities and vulnerable children are required to adapt to the demands of non-traditional families and deepening poverty. The loss of a mother as primary family caregiver has a profound effect on children's well-being. As parents die, grandparents take over the full-time care of the young. Sometimes children are the primary caretakers of their infected parents,

assuming adult responsibilities for which they are ill-prepared. A common consequence is the drastic reduction in the family's ability to care for and protect its children, who become prey to neglect and abuse.

- **Welfare effects:** Productive members of families are often unable to continue work and are impoverished and rendered more vulnerable by the costs of illness and care. Even when caregivers attempt to protect children by not discussing economic difficulties with them, the children are attuned to their emotional environment and readily adopt the anxiety, fear and frustration that accompany financial strain.
- **Education effects:** HIV-infected children shy away from going to school because of their fear for disclosure because of stigmatization, increased demands for child labor, including caring for sick relatives, and an inability to pay school fees. The long term impact of poor early childhood development and limited literacy is inestimable.
- **Psychosocial effects:** Children's psychosocial distress and trauma is often not visible but it is of fundamental importance. The psychosocial challenges children face include coping with grief, loss of identity (self-, family- and cultural identity), coping with shame, stigmatization and fear of abandonment, rejection and death.
- **Orphanhood effects:** The disruption of families and death of parents and close relatives have created an unprecedented number of destitute and abandoned South African children. Calculated on current mortality trends, orphans will comprise 9 to 12% of South Africa's total population by 2015. Orphans may live in child-headed households with older siblings looking after younger ones, thus assuming parenting roles they are ill prepared for, others are taken care of by communities, some are placed in institutions, and still others lose all contact with carers and become street children where they run a high risk of becoming infected through abuse or prostitution.

According to Ebersohn and Eloff (2002:78-86), HIV/AIDS triggers multiple anxieties in children. Mentally and emotionally they lack the capacity to manage demands of the magnitude HIV/AIDS presents. Their dependence on adult support to assist them in

coping is critical. The early identification of such psycho-social stress could lead to timely support and care. Thus, the cared for children of today have a better chance of becoming the resilient adults of tomorrow (Ebersohn & Eloff, 2002:78-86).

3.8 NON-VIOLENT TRAUMA EXPERIENCES

In the childhood years children could be confronted by situations that can vary from less serious to extremely serious. Except for the occurrences described in the above literature, children could also be exposed to the possibility of loss and trauma situations that could include any of the following, as stated by Blom (2004:212):

- Death of a loved one (parent, sibling, grandparent, friend, pet)
- Diagnosis of a disability, medical problem, developmental handicap, leukemia
- Injury or disfigurement as a result of an accident
- Moving house
- Start school or change of school
- Loss of personal property (in a robbery, fire or theft)
- Family disharmony
- Bullying (Childline South Africa, 2008)

Some of the specific behaviours that bring children into therapy are listed by Oaklander (1988:205-284) as follows:

- Aggression
- Anger
- Hyperactivity
- The withdrawn child
- Fears
- Emotional trauma due to specific stress situations or traumatic experiences
- Physical symptoms (for example bed-wetting and somatic symptoms)
- Insecurity, hanging on, excessive pleasing
- The loner
- Loneliness

- The child who is in and out of reality
- Autism
- Guilt
- Problems with self-esteem, self-concept and self-image.

Reactions shown by the child are often intense and can be accompanied by intense outbursts. This kind of behaviour is the child's way of working through the experience. Oaklander (1988:205) does not view these behaviours as displeasing or as a sickness, but as the child's evidence of strength and survival. According to Oaklander (1988:205), "... a child will do what he can in any way to survive in the world. He will do what he thinks is the best thing to do to get through the job of growing up." Through play, children come to terms with many of the fears and hurts to which they are vulnerable. They actually heal themselves of emotional injuries through play, coping with and mastering such common and potentially devastating occurrences.

3.9 THE WORK OF THE GESTALT PLAY THERAPIST

According to Norton and Norton (2006:32) to be is to play. Play is the child's introduction into the world and nothing expresses his being more than play. When children slip into play they slip into a self-experience in which they can afford to let go and respond to themselves, to others and to the environment in an unpredictable, personal way.

3.9.1 Definitions of Gestalt play therapy

Gestalt play therapy is considered by Blom (2004:5) as a psychotherapeutic technique that uses the principles and techniques of gestalt therapy during play therapy with the child. During play therapy the therapist attempts to give the child the opportunity to express his or her feelings verbally and non-verbally. It is assumed that the child will play out his or her problems in a symbolic manner. According to Oaklander (1988:160) the child experiences much in life he or she cannot as yet express in language, and so he uses play to formulate and assimilate what he experienced. Play is the young child's form of improvisational dramatics. Play is the

way a child tries out his world and learns about his world and is therefore essential to his healthy development.

Oaklander (1988:160) sees play as a child's form of self-therapy, through which confusions, anxieties, and conflicts are work through. Landreth (1991:10) agrees with this statement and said that children express themselves fully and more directly through self-initiated spontaneous play than they do verbally, as they are more comfortable with play. For children, playing out their experiences and feelings, are the most natural dynamic and self-healing process in which they can engage.

3.9.2 The use of Gestalt play therapy with the traumatized child

Ferreira and Reed (2006:192) emphasize the importance of looking at the holistic impact of trauma on the child in his/her specific developmental phase. They explain that the traumatized child finds it difficult to express his/her feelings meaningfully and is often not given an opportunity to do so by society. The significant others of the child might be dealing with their own experience of the trauma and unable to assist the child effectively through his trauma reactions. Oaklander (1988:247) suggests that the traumatized child needs support to help him/her integrate overwhelming feelings. If support is not available to the child, and the feelings are not dealt with, it might be repressed and cause secondary problems for the child. Blom (2004:10) agrees and is of opinion that children have to be seen as holistic entities. Their physical, emotional and spiritual aspects, language, thought and behaviour should be integrated to survive. Although these components can be distinguished, they can not be separated. The child's emotional experience will have an effect on all of the components. During Gestalt play therapy, the focus must therefore be on these components in order to approach children as holistic individuals.

The Gestalt play therapy approach with the traumatized child will consequently be described. First, the importance of establishing a therapeutic relationship with the child will be addressed, then the role of sensory modalities, trauma and the contact cycle, contact boundary disturbances and finally the therapeutic process used with the traumatized child.

3.9.2.1 The therapeutic relationship

The first few sessions in therapy are used to build a therapeutic relationship with the child. Oaklander (1997:293) stresses this aspect and is of opinion that nothing happens without the thread of a relationship. It is a fundamental aspect of the therapeutic process and a prerequisite for further therapeutic work with the child. Often the traumatized child suffered psychological and physical bruising from interpersonal relationships and, according to Gil (2006:61), healing is gained through the opportunity of being in a safe and supportive interpersonal relationship with a trustworthy therapist. Schoeman (1996:30) mentions that the nature of the Gestalt play therapy relationship is that of being the child's friend and playmate.

Blom (2004:56) adds to the above and states that the 'I-thou' relationship is essential to the Gestalt approach. It means that the child and therapist meet each other on an equal level irrespective of age or education. According to Oaklander (1997:303) the 'I-thou' relationship means that the therapist accepts children as they are and will attempt to join children in their experience by being present and 'contactful'. Gil (2006:62) emphasizes that it is important to go in congruence with the traumatized child at his own pace as it can take time to establish a therapeutic relationship with the traumatized child.

Schoeman (1996:29), however, cautions that it is necessary to first look at the level of the child's awareness. If he is not aware of himself, his interaction and his sensory functions, the possibility on working on his recovery and building a good relationship with him is very slight.

3.9.2.2 Sensory Modalities and awareness in the traumatized child

Sensory awareness, according to Blom (2006:90), fulfills an important part in the life of traumatized children as it has a direct influence on children's ability to make contact with their environment. Traumatic events can result in children desensitizing them self by inhibiting their sensory awareness and sensitivity to their bodies in order to protect them self against further hurt. Consequently, children may experience

problems with emotional contact-making and expression because of the important connection between the body and emotions. Blom (2004:98) states that focusing on sensory and bodily aspects in the therapeutic context, traumatized children can be made more aware of the emotions they experience at a given moment. According to Oaklander (1988:109), the child out of touch with his senses is a child out of touch with his feelings and as a result blocks his expressions.

O'Connor and Schaefer (1994:148) state that children need support within the self in order to express blocked emotions. Blom (2006:89) explains that the ability for self-support and emotional expression will improve when the child regains his sensory awareness. According to Blom (2004:114), self-support is achieved by strengthening the child's sense of self, thereby giving the child a sense of well-being and a feeling of capability as well as inner strength to express those buried emotions.

In relation with this Norton and Norton (2006:49), explain that trauma is largely a somatic experience and that trauma memory is a somatic memory. It is therefore crucial for the traumatized child to use his body and movement in playing out the event in the therapeutic session. The child needs to become aware of his senses and use them in the therapeutic session to facilitate his contact-making skills. In trauma resolution, the Gestalt play therapy process should focus on sensory responses and somatic experiences in order to allow emotional discharge and ultimately empowerment for the traumatized child. An important aim in Gestalt play therapy, according to Blom (2006:89), is to provide the child with the opportunity to make contact with his environment through his senses.

3.9.2.3 The contact cycle and figure/ground

According to Oaklander (1997:294), contact involves the child's ability to be fully present in a particular situation with all the aspects of his being, which includes body, senses, emotions and intellect. Traumatized, anxious, frightened, grieving, angry, troubled or worried children may lose some of their sensory and bodily awareness. Consequently they may armour and restrict themselves, pull themselves in, cut parts of themselves off or inhibit healthful expressions. These defenses are known as

resistance, which the child uses to prevent real and authentic contact with others. Contact is a vital, existential issue and nothing much happens without some contact present (Oaklander, 1997:294). O'Conner and Schaefer (1994:148) add that contact involves a connection with the environment and the self.

The main aim of Gestalt play therapy, according to Ferreira and Reed (2006:195), is to make contact. Making contact means that the traumatized child is able to use his environment for the satisfaction of his needs. This can only happen if the child is assisted in becoming fully present and aware of him/her self and can make appropriate contact with the environment. Blom (2006:25) mentions that young children will only be able to gain limited awareness of their needs at a specific point in time, the here and now, as their awareness is related to their development level and to environmental influences.

According to Blom (2006:26), the child must be able to identify his most significant need at a given moment. This is called the figure, while the background of the child's experience at that specific moment is called the ground. Ferreira and Reed (2006:195) see the child's environmental field as differentiated by boundaries and both intrapersonal contact (contact between the child and aspects of himself) and interpersonal contact (contact between the child and the environment) are important. As the child makes contact with his environment to meet a specific need, the figure disappears and becomes part of the ground as a gestalt is formed. After this a new figure can appear in the foreground. Ferreira and Reed (2006:195) see healthy functioning as the child being capable to make contact with his environment to meet a foreground need and then withdraw once the need is met and the gestalt is formed.

For traumatized children, according to Norton and Norton (2006:49), the foreground need will be to integrate the traumatic experience as well as the emotions related to the trauma. These authors caution that the traumatized child might need to replay the traumatic event for several times during Gestalt play therapy before it can be assimilated. Bauer and Toman (2003:64) suggest that post-traumatic stress symptoms are indicators of unfinished business that emerge, in part from efforts to

assimilate an experience which is inassimilable, as well as repeated and unsuccessful efforts to complete the cycle of experience. Bauer and Toman (2003:64) explain that when a gestalt is formed withdrawal takes place. For the traumatized child, the withdrawal from contact stage can take years, as withdrawal could be delayed and remain as unfinished business. The completion of the contact cycle, which is part of the objectives of Gestalt play therapy, allows the child to continue to meet his needs in a more effective way.

According to Oaklander (1997:145), the child is often not able or not given the opportunity to verbalize or to express his intense feelings. In an effort to satisfy his needs, the child will often inhibit, block, repress or restrict various aspects of him/her self. These restrictions may cause contact boundary disturbances or resistance as they affect healthy contact with the self and the environment.

3.9.2.4 Contact Boundary disturbances

Oaklander (1997:311) states that children often take in negative messages (introjects) about themselves from their environment, from their parents or in response to traumatic experiences without criticism, awareness or assimilation, causing them to inhibit aspects of the self and interfering with healthy growth. To Oaklander (1997:312), self-acceptance of all of one's parts, even the most hateful, is a vital component of unimpaired, sound development. Ferreira and Read (2006:195) explain that contact boundary disturbances have to be treated and resolved to enable the child to process trauma and return to optimal functioning of contact-making and meeting his needs. However, according to Clarkson (2003:101), resistance has to be accepted and respected as it refers to defenses that the traumatized child has developed as a result of his emotional pain. Corey (2001:200) explains the concept of resistance as the child interrupting his contact with his environment to protect himself which then prevents him from experiencing the present in a full and authentic way.

The most important task of the Gestalt therapist, as seen by Joyce and Sills (2001:28) is that of raising the awareness of clients – awareness of what clients feel and think,

how clients behave, what is going on in their bodies and the information of their senses; awareness of how they make contact, of their relationships with others, of their impact on their environment and its impact on them.

3.9.3 The Gestalt therapy process with the traumatized child

The therapeutic process is the most important aid to use during Gestalt play therapy, as stated by Ferreira and Reed (2006:194). The authors explain that emotional expression is the focus of the therapeutic process for the traumatized child. Trauma can split children's worlds, their inner self, into parts that is externalized as negative behaviour. In the therapy process, children are given the opportunity to recognize, own and express their emotions in order to complete their unfinished business.

According to Cattanach (2003:44), integration occurs when children are able to accept them self in total and function as a whole. To function as whole, children need to accept their abilities, restrictions and experiences and integrate all of these in order to accept responsibility for themselves and to use their strengths to meet their needs. This is called self-support. Resnick (in Joyce & Sills, 2001:86) proposes that identifying with one's own experience is the best self-support. This means accepting who one is, with the experience one has at that moment.

Although the therapeutic process is used to address the traumatized child's needs, the focus must remain on the process of the child. According to Blom (2004:83) a child's process is the way he presents himself to the world and satisfies his needs, it is his unique temperament. Papalia, Olds and Feldman (in Blom, 2004:83) describe temperament as "...a person's characteristic way of approaching and reacting to people and situations". It is the *how* of behaviour, rather than the *what*.

Norton and Norton (2006:38) see the Gestalt therapy process as consisting of the following five stages, and are summarized as follows:

- **The exploratory stage:** In this stage the child gets the opportunity to explore his new environment and his relationship with the therapist. The therapist gets the opportunity to experience the child's process. The therapist conveys

acceptance of the child and his situation. According to Blom (2004: 56), the way in which the therapist presents him or herself to the child, plays an important role in respect of the child's willingness to join other therapy sessions.

- **Building the therapeutic relationship:** Norton and Norton (2006:38) see this stage as critical for the therapist to attend to the child's need for expression rather than strive for control of the experience. As a result, the child will realize that the therapist cares for his activities and expressions. The child knows that the experiences stored in his memories are unsettling and disturbing. He needs to know that the therapist will not be distracted by the content thereof, but will stay focused on his expression at all cost. Blom (2004:56) states that "...the child should be treated openly, with respect and congruence, and that the child should at no stage be judged or manipulated."
- **The dependence stage:** Norton and Norton (2006:38) see the child in this stage as free to express the emotional pressure that results from the trauma that disturbed his sense of well-being. There is, however, a precondition to this stage for healthy and emotional expression, namely the expression of aggressive energy. Oaklander (in Blom, 2004:133) distinguishes between expression of aggressive energy and expression of emotion and defines this energy as "...marked by a driving forceful energy or initiative". It gives children the self-support to enable them to take action and express buried emotions. This stage is the beginning of the healing journey and Norton and Norton (2006:38) see the child developing theme play as externalization of the inner pain that is carried. The child invites the therapist to join in the games that are played. This is important as the child needs this relationship to provide security and protection when aspects of the trauma are confronted. As the child deals with these disturbing thoughts and feelings, the intensity of the play will start to diminish to a more normalized level.
- **The therapeutic stage – the integration of self:** Norton and Norton (2006:39) state that once children have confronted and resolved their issues, they will notice a void in their lives as most of their energy previously have gone into the trauma event and coping. They do not have to think about

protecting themselves any more. They can begin to re-experience their identities and develop a new capacity to experience and integrate their surroundings. As children create new self-concepts, they are given the opportunity to experiment and explore their strengths and weaknesses and develop them into a functioning whole. This will enable them to make the transition to develop self-support.

- **The termination stage:** Norton and Norton (2006:39) suggest that the therapist has to introduce the question of termination. Termination is a process in itself and the child might feel a loss of this relationship. A special session must be scheduled for this and the therapist must work towards closure during therapy.

According to Ferreira and Read (2004:211) children are exposed to a variety of occurrences that can influence their healthy growth and development. Although children have a natural ability to recover from trauma, the possibility exists that their lives could be radically influenced. Especially in the South African context, built into occurrences as described above, are the potential for loss and trauma with which children and their families are confronted.

3.10 CHAPTER SUMMARY

Through play, children come to terms with many of the fears and hurts to which they are vulnerable. They actually heal themselves of emotional injuries through play, coping with, and mastering such common and potentially devastating occurrences. Without the chance to experience the natural healing power of imaginative play, the emotional wounds caused by such events might never heal, leaving the child with a lifelong residue of anxiety and insecurity. If children do not play, they cannot thrive, and they might not survive (Piers & Landau, 1980). The role of the therapist is to provide a safe, attentive space in which children can work things out for themselves.

CHAPTER 4: EMPIRICAL STUDY (RESEARCH METHODOLOGY)

4.1 INTRODUCTION

The previous chapter conceptualized the Gestalt play therapist and the work that they do with traumatized children within the South African context. This chapter deals with the empirical objective and the focus will be on the choice and compilation of the sample, measuring instruments, data gathering, data processing and hypothesis formulation.

4.2 DESIGN

As explained in Chapter 1, the empirical research is of a quantitative-descriptive nature. The survey technique of data collection is applied to gather information from the target population by means of questionnaires. In Fouché and Delport (2005:137) this specific design is called a randomized cross-sectional survey.

4.3 POPULATION AND SAMPLE

The population used consisted of qualified Gestalt play therapists who work as play therapists within the South African context and trained according to the Gestalt perspective in play therapy. A total population of 226 Gestalt play therapists was invited to take part in this survey. The sample (it is those who replied) consists of 39 qualified Gestalt play therapists. This represents 17.2% of the total population. Grinnell and Williams (in Strydom, 2005:195) state that in most cases a 10% sample should be sufficient for controlling sampling errors. The authors further contend that 30 subjects are sufficient to perform basic statistical procedures. It is, however, not always possible to involve a minimum number of subjects in an investigation, because the total population is often quite small, and it is preferable for the total population to be involved in such cases. Special permission, in the form of Informed Consent (see Annexure A) was asked from the subjects to participate in the survey. By means of a biographical questionnaire, differences and similarities within the

sample were identified in order to compile a typical profile of the sample. The profile of the typical Gestalt play therapist in the sample will be described in Chapter 5.

For the purpose of this research various instruments were applied to conduct the empirical research. The appropriate instruments are discussed in the next section.

4.4 MEASURING INSTRUMENTS

The different instruments that were used in the study and which are listed in Chapter 1 are explained in this chapter in terms of their nature, interpretation, rationale and motivation for use, validity and reliability. Copies of the respective instruments are filed as annexures in this dissertation. All instruments in this research have been used before in other studies. (Compare Pavot & Diener, 1993:164-172; Diener, 1994:103-157; Lyubomirsky & Lepper, 1999:137-155; Wissing & Van Eeden, 2002:32-44; Storm & Rothman, 2003:62-70; Langelaan, Bakker, van Doornen & Schaufeli, 2006:521-532; Ryff & Singer, 2006:1103-1119; Tucker, Ozer, Lyubomirsky & Boehm, 2006:341-360; Dierendonck, Diaz, Rodrigues-Carvajal, Blanco & Moreno-Jimenez, 2008:473-479). Validity and reliability information are reported in this chapter for each instrument. In order to analyse subjects' characteristics in terms of the context they find themselves in, their self perceived work engagement, attitudes, and general life circumstances, a biographical questionnaire was used and will subsequently be discussed.

4.4.1 Biographical questionnaire

The biographical questionnaire was developed by the researcher according to independent variables found in the literature search (refer to Annexure B). The questionnaire is in a structured format and consisted of 30 items with questions of quantitative and qualitative nature. For the quantitative questions, subjects had to rate themselves on a 3-point and a 5-point Likert scale. Biographical information is recorded in English. The questionnaire collects data relevant to gender, marital status, home language, qualification, period qualified, position in the labour market, specific information regarding their specific position, it is hours per week spend on

play therapy, part-time or full time, client load per week, extent of feedback, financial income, meaning of their work to themselves and to clients, role conflict, support received, difficulty level of clients' problems, meaningfulness of their work to themselves and to others, extra-mural activities (hobbies and physical activities), self-evaluation of their work engagement and current state of health.

4.4.1.2 Rationale of and motivation for application of the instrument

The questionnaire supplies the researcher with a return of individual characteristics relevant to biographical variables of the sample and it is a cheap instrument. The data in the biographical questionnaire is presented in nominal and ordinal values as depicted by Kruger, *et al.* (2005:220-221). The data collected by means of this instrument are used to describe some characteristics of the sample group and to test for similarities (associations) or differences between groups as described by De Vos, Strydom, Fouche and Delport (2005:218). According to Gregory (2000:405) biographical data are reliable when individual subjects do not have a personal interest in the use of the questionnaire, as was the case in the use of the biographical questionnaire in this research survey.

4.4.2 Utrecht Work Engagement Scale (UWES)

The biographical questionnaire was followed by the Utrecht Work Engagement Scale (UWES) (compare Schaufeli & Bakker, 2001) which was used to measure work engagement (refer to Annexure C).

4.4.2.1 Rationale and motivation for using the UWES

From the perspective of positive psychology, the concept of burnout is being enlarged and supplemented by its positive antithesis of work engagement. Maslach and Leiter (1997:102-127) consider burnout and engagement to be the opposite poles of a continuum that is entirely covered by the Maslach Burnout Inventory (MBI). Contrary to the above authors, Schaufeli and Bakker (2001:229-253) do not feel that work engagement is adequately measured by the opposite profile of the MBI scores, since this implies that both concepts are each other's complements. They see burnout and work engagement as independent states that, because of their antithetical nature, are

supposed to be negatively related. As a result, a self-report questionnaire, namely the UWES has been developed to assess work engagement.

Recent confirmatory factor analytic (CFA) studies have supported the theoretically based correlated three-factor (vigor, dedication, absorption) structure of the UWES (Compare Hakanen 2002:42-58; Hallberg & Schaufeli, 2006:119-127; Schaufeli & Bakker, 2003; Schaufeli, *et al.*, 2002:71-92, Schaufeli, Bakker & Salanova, 2006:701-716). All these studies have shown that the three factors of work engagement are highly correlated (correlations between 0.60 and 0.99). High correlations between the three factors (from 0.83 to 0.97) would indicate a one-dimensional structure, but the better fit with the data of the correlated three-factor structure supports the three different, though highly correlated dimensions. Therefore, according to Seppala, Mauno, Feldt, Hakanen, Kinnunen, Tolvanen and Schaufeli (2008:17), if the purpose is to study work engagement in general, a combined one-dimensional variable may be used, and if the purpose is to study the factors of work engagement, three separate dimensions may be used. In this study the UWES is used as a one-dimensional variable.

4.4.2.2 Nature, administration and interpretation

According to Schaufeli, *et al.* (2006:701-716), the UWES is a self-report questionnaire and consists of 17 items which measure the three underlying dimensions of work engagement: vigor (six items), dedication (five items), and absorption (six items). The UWES is scored on a seven-point frequency rating scale varying from 0 ("never") to 6 ("always"). Schaufeli and Bakker (2003:33) mention that it takes approximately 5 - 10 minutes to complete the UWES, which can be done individually as well as group wise. The subjects are expected to indicate in the spaces provided if ever or how often they feel this way about their job.

In order to avoid answering bias that might result from specific connotations related to 'work engagement' this term is not used in the title of the questionnaire. Instead, the more neutral term '*Work & Well-being Survey*' is chosen with UWES between parentheses (Schaufeli & Bakker, 2003:33).

The mean scale of the three UWES subscales is computed by adding the scores on the particular scale and dividing the sum by the number of items of the subscales involved. A similar procedure is followed for the total score, as in the case of this study. Hence, the UWES yields three subscale scores and a total score that range between 0 and 6. For the establishment of statistical norms for the UWES it was decided to use five categories: 'very low', 'low', 'average', 'high', and 'very high' (Schaufeli & Bakker, 2003:33).

4.4.2.3 Validity and Reliability of the UWES

Schaufeli and Bakker (2003:8) report that since its introduction in 1999, a number of validity studies have been carried out with the UWES that uncover its relationship with burnout and workaholism. These studies show that work engagement is negatively associated with burnout, albeit that the relationship between vigor and exhaustion and between dedication and cynicism is somewhat less strong than was expected. Engagement can also be discriminated from workaholism. Particular job resources that act as motivators seems to cause work engagement, whereas engaged employees exhibit positive job attitudes, experience good mental health, and seem to perform better than those who are less engaged. Finally engagement is not restricted to the individual. It may crossover to others thus leading to what has been labeled collective engagement (Schaufeli & Bakker, 2003:8).

The UWES was previously used in South Africa when a psychometric analysis on the UWES was done in the South African police service by Storm and Rothman (2003:62-70). Their conclusion was that the data strongly suggest that the one-factor model better fits the data than the three-factor model. However, there is insufficient evidence to suggest that a one-factor model is superior to a three factor model.

According to Schaufeli and Bakker (2003:14) all scales of the UWES are highly internally consistent, namely 0.83 for vigor, 0.92 for dedication and 0.82 for absorption. This was confirmed by Storm and Rothman (2003:68) who concluded that the alpha coefficient for the one-factor model was considerably higher (0.92). Schaufeli and Bakker (2003: 18) state that the three scales of the UWES correlate

weakly and positive with age: vigor $r = .05$, dedication $r = .14$ and absorption $r = .17$. The correlation with the total UWES score is $.14$. Hence, older employees feel more engaged. However, the percentage of shared variance is rather small – it is less than 2%. Regarding gender differences, men ($N = 5,450$) scored significantly higher than women ($N = 4,066$) on dedication and absorption, whereas no gender differences in levels of vigor seem to exist. Although these differences are statistically significant, they lack practical significance because their size is very small. The mean score for men on dedication and absorption is 4.02 and 3.54, respectively, whilst the corresponding mean values for women are 3.90 and 3.48. Therefore, the gender differences regarding dedication and absorption are $.12$ and $.17$ respectively, which is far less than one standard deviation.

Storm and Rothman (2003:68) used construct (structural) equivalence to compare the factor structures for different cultural groups. Equivalence was acceptable for the different cultural groups (White, Black, Coloured and Indian) in their group of police members. Bias analysis was carried out and the authors found that the means of the race groups did not differ in a systematic way. They concluded that the UWES items do not show uniform or non-uniform bias and seems to be acceptable to use with different race groups.

In a three year follow up study done by Seppala, *et al.* (2008:17) the stability of work engagement was very high (standardised stability coefficients varied between 0.82 and 0.86) and thus, as theoretically expected, the feelings of work engagement tended to be highly stable and long-lasting. The stability of work engagement is considered to be similar to that of its negative opposite – burnout. This assumption that work engagement reflects an employee's present, though persistent and pervasive state of mind and not a personality trait, has also received support in previous longitudinal studies on work engagement. (Compare Schaufeli & Enzman, 1998; Mauno, Kinnunen, Makikangas & Natti, 2005; Llorens, *et al.*, 2007).

4.4.3 Satisfaction with Life Scale (SWLS)

The Satisfaction with Life Scale (SWLS) assesses a subject's satisfaction with life as a whole (refer to Annexure D). It allows subjects to integrate and weigh different domains in life in whatever way they choose (Pavot & Diener, 1993:164).

4.4.3.1 Rationale and motivation for using the SWLS

The predominant approach to studying well-being has been termed subjective well-being. According to Diener (1984:542-575) it consists of two general components: (1) a cognitive component (it is judgments about life satisfaction) and (b) affective balance or the extent to which the level of positive affect outweighs the level of negative affect in someone's life. According to Russell and Carroll (1999:3-30) affect consists of two dimensions, it is pleasure and activation. The pleasure axis summarizes, at the level of subjective experience how well one is feeling, whereas the orthogonal activation axis refers to a sense of mobilization of energy. Negative affect (NA) and positive affect (PA) can be described using these two axes whereby NA is characterized by feelings of anger, fear, nervousness and subjective stress (Watson, 2000:31-62). Conversely, PA is characterized by feelings like enthusiasm, energy, and happiness. It has been suggested that engaged employees are characterized by high PA and to a somewhat lesser degree by low NA (compare Schaufeli, *et al.*, 2001:422-428).

Life satisfaction is based on an individual's subjective cognitive appraisals. According to Diener (1984:543), life satisfaction is "... a global assessment of a person's quality of life according to his own chosen criteria". Diener, *et al.* (1985: 71-75) see it necessary to assess an individual's global judgment of his or her life rather than only his or her satisfaction with specific domains. The SWLS items therefore are global rather than specific in nature, allowing subjects to weigh domains of their lives in terms of their own values, in arriving at a global judgment of life satisfaction. The brief format of the SWLS means it can be incorporated into an assessment battery with minimal cost and time. The SWLS was previously used in South Africa and Wissing, Thekiso, Stapelberg, Van Quickelberge, Chaobi, Moroeng and Nienaber (in Wissing & Van Eeden, 2002:33) found the SWLS reliable and valid for use in an

African context.

4.4.3.2 *Nature, administration and interpretation*

The SWLS consists of 5 items that are completed by the subject whose life satisfaction is being measured. Subjects have to indicate their agreement with each item by placing the appropriate number in the line preceding that item, using a 1 – 7 rating scale that varies from 1 (strongly disagree) to 7 (strongly agree). Administration is brief, rarely more than a few minutes, and can be completed by interview or paper and pencil. The items of the SWLS are all keyed in a “positive” direction. The authors, Diener, *et al.* (1985:71-75) chose not to use reversed items because it can confuse subjects and thereby contribute a different source of error in measurement.

Scores on the SWLS can be interpreted in terms of absolute as well as relative life satisfaction. A score of 20 represent the neutral point on the scale, the point at which the respondent is about equally satisfied and dissatisfied. Scores between 21 and 25 represent *slightly satisfied*, and scores between 15 and 19 represent *slightly dissatisfied* with life. Scores between 26 and 30 represent *satisfied*, and scores from 5 to 9 are indicative of being *extremely dissatisfied* with life (Pavot & Diener, 1993: 165). The authors state that most groups fall in the range of 23 to 28, or the range of *slightly satisfied* to *satisfied*. This appears to reflect the widely replicated finding that non-clinical samples are above the neutral point in subjective well-being.

4.4.3.3 *Validity and Reliability of the SWLS*

Stability of measurement versus sensitivity to change is a critical issue for any assessment instrument. The SWLS has been examined for both reliability and sensitivity and has shown strong internal reliability and moderate temporal stability. Diener, *et al.* (1985:71-75) reported a coefficient alpha of .87 for the scale and a 2-month test-retest stability coefficient of .82. Pavot and Diener (1993:165) reported that a number of other investigators have reported both internal consistency and temporal reliability data for the SWLS. Over longer periods, the test-retest stability decreases to a level of .54 that suggests that considerable change in the individual's life satisfaction may occur, as reported by Magnus, Diener, Fujita and Pivot (in Pavot

& Diener, 1993:165). Even when correcting for the alpha of the scale, these long-term stability coefficients suggest that only about half of the variance in life satisfaction can be accounted for by life satisfaction several years later. Changes in life satisfaction were related to good and bad events in the subjects' lives during the past year. In sum, the moderate temporal stability of the SWLS supports the idea that there is some long-term consistency of life satisfaction over time. Immediate factors, such as current mood, and the situational context, are likely to some degree affect an individual's response to questions about life satisfaction and well-being (Yardley & Rice, 1991).

Diener, *et al.* (1985:71-75) conducted a principal-axis factor analysis on the SWLS, from which a single factor emerged. This single factor solution has since been replicated. (Compare Arrindel, Meeuwesen & Huyse, 1991:117-123; Pavot, Diener, Colvin & Sandvik, 1991:149-161.) The SWLS therefore seems to measure a single dimension. The item-total correlations and factor loadings suggest that the last item is the weakest in terms of convergence with other items. This may be because most of the items refer primarily to the present, whereas the fifth item refers primarily to the past, although it is not empirically tested.

Regarding construct validity, the SWLS has been examined for its relation to an array of both self-report and external criteria in an effort to establish its validity as a measure of life satisfaction. Both Diener, *et al.* (1985:71-75), and Pavot, *et al.* (1991:149-161), provide considerable evidence for the convergence of the SWLS with numerous measures of subjective well-being and life satisfaction. The SWLS demonstrates adequate convergence with related measures, including measures using a different methodological approach (for example interviewer or informant ratings) to measure life satisfaction. The SWLS has been shown to be negatively correlated with clinical measures of distress. Blais, Vallerand, Pelletier and Briere (in Pavot & Diener, 1993:167) report a strong negative correlation ($r = -.72$, $p = .001$) between the SWLS and the Beck Depression Inventory.

According to Pavot and Diener (1993:170), the SWLS has several limitations. First,

as is true of any self-report instrument, subjects can consciously distort their response to the scale if they are motivated to do so. For this reason it is desirable to supplement the self-report SWLS with assessments from external sources whenever possible. Also the SWLS does not measure all aspects of subjective well-being. It is a narrow-band instrument, intended to assess the cognitive rather than affective component of subjective well-being. Although the cognitive and affective components of subjective well-being are obviously related, scores on the SWLS cannot automatically be used as direct measures of emotional well-being. Instruments with an affective focus should be included in research designs that are intended to obtain data on the broader construct of global subjective well-being.

Relating to the above statement and in order to supplement the results obtained from the SWLS, the Subjective Happiness Scale (compare Lyubomirsky & Lepper, 1999:137) was included in the survey and will be discussed as follows.

4.4.4 Subjective Happiness Scale (SHS)

The SHS is a global, subjective measurement of whether one is a happy or an unhappy person (refer to Annexure E). The development of the SHS was based on a subjectivist approach, which considers happiness from the respondent's own perspective (Lyubomirsky & Lepper, 1999:137).

4.4.4.1 Rationale and motivation for using the SHS

Research on affect balances reported by Christopher (1999:143) uses a notion of well-being that corresponds to the popular usage of the term *happiness*. Happiness is an affectively oriented evaluation which entails a "...proponderance of positive affect over negative affect" (Diener, 1984:543). Ross comments (in Lyubomirsky, 2001:239-249) that people do not experience events or situations passively. All life events are "cognitively processed" – that is construed and framed, evaluated and interpreted, contemplated and remembered. Lyubomirsky (2001:239-249) states that an important implication of an approach to understanding happiness centered on cognitive and motivational processes is that any psychological process that has hedonic consequences (that is positive or negative consequences for happiness and

self-regard), is potentially relevant to elucidating individual differences in enduring happiness. A construal theory of happiness suggests that these alternative perspectives and constructions of reality have different hedonic consequences and, as such, are associated with different levels of enduring happiness and well-being. As Abraham Lincoln (in Lyubomirsky, 2001: 246) said, "... most people are about as happy as they make up their minds to be".

Unlike measures of subjective well-being, which include evaluations of overall life quality and ratings of positive and negative emotions, the SHS involves a global, subjective assessment of whether one is a happy or an unhappy person. Hence, this measure reflects a broader and more molar category of well-being, tapping into more global psychological phenomena (Lyubomirsky & Lepper, 1999:137-155).

Although it could not be established whether the SHS was previously used in the African context, preliminary evidence, according to Lyubomirsky and Lepper (1999:150) suggests that the SHS is suited for different age, occupational, linguistic and cultural groups. The scale is easy to implement and its short form possesses measurement accuracy, while posing minimal financial or respondent burden.

4.4.4.2 Nature, administration and interpretation

Lyubomirsky & Lepper (1999:137-155) explain that the SHS consists of 4 items and the response format is a 7-point Likert scale. Two items ask subjects to characterise themselves using both absolute ratings and rating relative to peers, whereas the other two items offer brief descriptions of happy and unhappy individuals and ask subjects the extent to which each characterisation describes them. The fourth item is reverse coded. Administration is brief, rarely more than a few minutes, and can be completed by paper and pencil. For each of the statements and/or questions, subjects have to circle the point on the scale that they feel is most appropriate in describing themselves. Responses to the four items are then combined and averaged to provide a single continuous composite score, ranging from 1 to 7. Depending on the study, those scoring above the median or in the top quartile of the distribution are classified as "happy" and those scoring below the median or in the bottom quartile are classified

as “unhappy” (Lyubomirsky & Lepper, 1999:137-155).

4.4.4.3 Validity and Reliability of the SHS

The assessment of reliability and validity of the SHS, according to Lyubomirsky and Lepper (1999:137-155), was obtained through 14 samples, collected and obtained at different times and locations. The total number of subjects was 2,732 and they ranged in age from 14 to 94 years. All the measures used to assess convergent validity of the SHS were derived from literature, and all have demonstrated reliability and validity. Substantial correlations were revealed, ranging from 0.52 to 0.72 ($M = 0.61$) between the SHS and other happiness measures. No significant sex or age differences were observed for the SHS (Lyubomirsky & Lepper, 1999:137-155).

Lyubomirsky and Lepper (1999:137-155) further point out that the SHS has demonstrated high internal consistency (Cronbach's alphas range from .85 to .95 in 8 different studies). In all samples, the items showed good to excellent internal consistency, demonstrating comparability across samples of varying ages, occupations, languages, and cultures. Furthermore, principal component analyses performed separately for each sample showed that the four items of the SHS load onto a single factor. Longitudinal data demonstrated stability over time (Pearson's $r = .90$ for four weeks and $.71$ for three months).

Finally, evidence of discriminant validity is reflected in near-zero correlations with theoretically unrelated constructs, including academic ability, stressful life events, and behavioral inhibition, as well as demographic variables (Lyubomirsky & Lepper, 1999:137-155).

Linley and Joseph (2004:720) state that happiness define within the scientific term of subjective well-being is the sum of life satisfaction and affective balance (it is positive affect minus negative affect). In contrast, Keyes, Shmotkin and Ryff (2002:1007-1022) defines psychological well-being as “... engagement with the existential challenges of life” and provides a much broader and more rounded context of well-being. Therefore, in order to provide a broader and more rounded context of well-

being, the Scales of Psychological Well-being was used and will subsequently be discussed.

4.4.5 Scales of Psychological Well-being (SPWB)

The Scales of Psychological Well-being measures six core dimensions of positive psychological health, it is self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life, and personal growth (Ryff, 1989:1070) (refer to Annexure F).

4.4.5.1 Rationale and motivation for using the SPWB

According to Ryff (1989:1070), happiness and life satisfaction were studied as indicators of positive psychological functioning and well-being in previous empirical studies but there has been neglect at the most fundamental realm of defining well-being, namely defining the essential features of psychological well-being. However, prominent measures in this domain were developed for purposes other than defining the basic structure of psychological well-being and efforts to define the structure of well-being on the basis of these measures persists. Ryff (1989:1070) critiques research on subjective well-being for what she saw as its impoverished theoretical basis and her argument was that these prior formulations neglect important aspects of positive psychological functioning. Ryff (1989:1070) states that it is necessary to consider literature that, despite its central concern with defining positive functioning, has rarely been a part of the empirical agenda on psychological well-being.

The extensive literature aimed at defining positive psychological functioning includes perspectives as Maslow's (1968) conception of self-actualization, Rogers's (1961) view of the fully functioning person, Jung's (1933) formulation of individuation, and Allport's (1961) conception of maturity. A further domain of theory for defining psychological well-being follows from life span developmental perspectives which emphasize the differing challenges confronted at various phases of the life cycle. Included here are Erikson's (1958) psychosocial stage model, Buhler's (1935) basic life tendencies that work toward the fulfillment of life, and Neugarten's (1968) descriptions of personality change in adulthood and old age. Jahoda's positive

criteria of mental health, generated to replace definitions of well-being as the absence of illness, also offer extensive descriptions of what it means to be in good psychological health (in Ryff, 1989:1070).

Ryff (1989:1069-1081), has argued that the preceding perspectives, despite their loose conceptualization, can be integrated into a more parsimonious summary. Ryff (1989:1069-1081), distinguishes six core dimensions of positive psychological health in the Scales of Psychological Well-being she developed. Van Dierendonck, Diaz, Rodriguez-Carvajal, Blanco and Moreno-Jimenez (2008:473-479) state that it is now widely used by researchers interested in eudaimonic well-being. The theoretically derived dimensions of positive psychological health, according to Ryff and Keyes (1995:719-2727), include self-acceptance (a positive evaluation of oneself and one's past life), positive relations with others (the possession of quality relationships with others), autonomy (a sense of self-determination), environmental mastery (the capacity to manage effectively one's life and surrounding world), purpose in life (the belief that one's life is purposeful and meaningful), and personal growth (a sense of continued growth and development as a person).

4.4.5.2 Nature, administration and interpretation

The SPWB is a self-report questionnaire consisting of six 14-item scales of psychological well-being constructed to measure the dimensions of autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance. Items for the separate scales are mixed (by taking one item from each scale successively into one continuous self-report instrument). Subjects respond using a six-point format: strongly disagree (1), disagree somewhat (2), disagree slightly (3), agree slightly (4), agree somewhat (5), strongly agree. Responses to negatively scored items are reversed in the final scoring procedures so that high scores indicate high self-ratings on the dimension assessed. The scale definitions, presented in terms of high versus low scorers, are presented in Table 4.1 (Ryff, 1989:1072).

Table 4.1. Definitions of theory-guided dimensions of well-being

Dimension	High scorer	Low scorer
Self-acceptance	Possesses a positive attitude toward the self; acknowledges and accepts multiple aspects of self including good and bad qualities; feels positive about past life.	Feels dissatisfied with; is disappointed with what has occurred in past life; is troubled about certain personal qualities; wishes to be different than he/she is.
Positive Relations with others	Has warm, satisfying, trusting relationships with others; is concerned about the welfare of others; capable of strong empathy, affection and intimacy; understands give and take of human relationships.	Has few close, trusting relationships with others; finds it difficult to be warm, open, and concerned about others; is isolated and frustrated in interpersonal relationships; not willing to make compromises to sustain important ties with others.
Autonomy	Is self-determining and independent; able to resist social pressures to think and act in certain ways; regulates behavior from within; evaluates self by personal standards.	Is concerned about the expectations and evaluations of others; relies on judgments of others to make important decisions; conforms to social pressures to think and act in certain ways.
Environmental Mastery	Has a sense of mastery and competence in managing the environment; controls complex array of external activities; makes effective use of surrounding opportunities; able to choose or create contexts suitable to personal needs and values.	Has difficulty managing everyday affairs; feels unable to change or improve surrounding context; is unaware of surrounding opportunities; lacks sense of control over external world.
Purpose in Life	Has goals in life and a sense of directedness; feels there is meaning to present and past life; holds beliefs that give life purpose; has aims and objectives for living.	Lacks a sense of meaning in life; has few goals or aims, lacks sense of direction; does not see purpose of past life; has no outlook or beliefs that give life meaning
Personal Growth	Has a feeling of continued development; sees self as growing and expanding; is open to new experiences; has sense of realizing his or her potential; sees improvement in self and behavior over time; is changing in ways that reflect more self-knowledge and effectiveness.	Has sense of personal stagnation; lacks sense of improvement or expansion over time; feels bored and uninterested with life; feels unable to develop new attitudes.

4.4.5.3 Validity and Reliability of the SPWB

The sample group used by Ryff (1989: 1069-1081) for validity and reliability studies consisted of 321 men and women divided among young, middle-aged and older adults. Multiple groups were selected so that it would be possible to examine the life course patterning of the dimensions of well-being. Each of the six dimensions

described earlier are theoretical constructs that point to different aspects of positive functioning. The internal consistency (α) coefficients for the scales were as follows: self-acceptance, .93; positive relations with others, .91; autonomy, .86; environmental mastery, .90; purpose in life, .90; and personal growth, .87. The test-retest reliability coefficients over a 6 week period on a sub-sample of subjects ($n = 117$) were as follows: self-acceptance, .85; positive relations with others, .83; autonomy, .88; environmental mastery, .81; purpose in life, .82; and personal growth, .81.

Ryff (1989:1069-1081) indicates that the outcomes of correlations with prior measures of positive functioning are all positive and significant, with coefficients ranging from .25 to .73. Similarly, correlations with prior measures of negative functioning are all negative and significant, with coefficients ranging from -.30 to -.60. The inter-correlations among the measures themselves are also found positive as the dimensions are all facets of psychological well-being, with coefficients ranging from .32 to .76. As the coefficients become stronger, they raise the potential problem of the criteria not being empirically distinct from one another. However, the multivariate and mean-level analyses reveal that these strongly associated dimensions of positive functioning load on different factors of well-being and show differential age profiles (Ryff, 1989:1069-1081).

Considerable attention was devoted by Ryff (1989:1069-1081) to questions of whether reports of well-being change across the life cycle and whether men and women differ in their self-rated psychological health. General age trends reveal higher scores among the middle-aged subjects, who sometimes score significantly higher than older adults (purpose in life) and other times higher than young adults (autonomy). Both middle-aged and older adults rated themselves higher on environmental mastery than did young adults. For personal growth, young adults joined middle-aged adults in scoring higher than older adults. The life course profiles for the indexes of self-acceptance and positive relations with others indicated no age differences. A significant overall effect of gender was also obtained. This was accounted for by the measure of positive relations with other and personal growth, on which women scored higher than men. No other significant gender differences were

obtained for any other measures of well-being (Ryff, 1989:1069-1081).

To conclude, according to Van Dierendonck, *et al.* (2008:478), it seems that the 6 factor model of Ryff's model of psychological well-being may hold across different countries and cultures. Other studies in other countries with languages different from English (compare Van Dierendonck, *et al.*, 2008:478), also pointed towards a confirmation of Ryff's model to gain insight into the full breath of the well-being construct.

4.5 DATA GATHERING PROCEDURE

The following research procedure was followed:

A list with postal and email addresses of qualified Gestalt play therapists was obtained from the Centre for Play Therapy and Training in Wellington. Six Gestalt play therapists who qualified at the University of Pretoria were also invited to participate in this survey (two of them completed and returned the questionnaires). The consent form, biographical questionnaire and psychometric instruments were emailed to candidates together with a covering letter, explaining the nature and purpose of the research. As about half of the emails returned as undeliverable, the mentioned research documents together with self-addressed stamped envelopes were mailed to subjects' postal addresses. The mentioned research documents were also mailed to subjects who do not have access to email.

Clear instructions on how to complete the different questionnaires were also included. Permission was asked from subjects to use their information in the research survey and it was stipulated that participation was voluntary. The subjects were invited to complete the questionnaires as openly and honestly as possible and they were assured that the information they provide will be handled with the utmost privacy, anonymity and confidentiality by the researcher. No time limits were set for answering the questionnaires. The procedure for the administration and scoring of the measuring instruments was strictly followed as explained in 4.4.

4.6 STATISTICAL PROCESSING OF DATA

Descriptive statistics were used to analyse the data. Univariate analysis was used, meaning that one variable was analysed with the view to describe that variable. (Compare Neuman, 2000:317.) The completed questionnaires were scored by the researcher, a registered psychometrist (independent), and all statistical analyses were performed on the Statistical Analysis System (SAS), Release 9.1.3, run under Microsoft Windows Vista Business by Prof. Herman Schoeman, a clinical biostatistician at ClinStat.

The total of the scores were calculated for each of the four scales (UWES, SWLS, SHS and SPWB) and for each subject in the sample. The scores of the SPWB were also divided into the six dimensions that represent psychological well-being, as proposed by Ryff (1989:1069-1081). These dimensions are: autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance. The data was captured in an electronic database. Data entry was verified and validation checks were performed. Responses to negatively scored items were reversed in the final scoring procedures so that high scores indicate high self-ratings on the dimension assessed. Responses in the different response categories of each question were summarised by frequency counts and percentages. All responses for a questionnaire were compiled into one summary. Selected percentiles (5%, 25%, 75% and 95%) were calculated for each distribution.

The three main measures of central tendency are the mean, median, and mode. They are epitomes of the sets of measures from which they are calculated and indicate what sets of measures “are like” on average, but are also compared to test relations. Individual scores can be usefully compared to these three main measures in order to assess the status of the individual.

In this study, the means are used to describe results. According to Kruger, *et al.* (2005:233), the mean is the sum of the measurements divided by the number of

measurements. The mean specified the centre of gravity or balance point of the distribution and it introduces the notion of deviation, it is how far above or below the mean any observation is. The calculated mean is used to compute the average scores that are obtained for the different components of the questionnaires. As stated by Kruger, *et al.* (2005:242) the level of significance can be arbitrarily chosen, but in practice conventions have developed which prescribed that tests are usually performed on either the 0.05 or 0.01 level of significance. In this research survey the 0.05 level of significance was used.

4.7 FORMULATION OF HYPOTHESIS

In conjunction with the specific research objectives the following research hypothesis is formulated.

Hypothesis 0: The presence of work engagement and well-being is not statistically significant in Gestalt play therapists.

Hypothesis 1: The presence of work engagement and well-being is statistically significant in Gestalt play therapists.

With a null hypothesis one expects to find that work engagement and well-being is not statistically significant present in Gestalt play therapists. The alternative, hypothesis 1, would be that work engagement and well-being is statistically significant present in Gestalt play therapists.

4.8 CHAPTER SUMMARY

This chapter dealt with the empirical research by commencing with the research design. It also focused on the target population, measuring instruments, data processing and hypothesis formulation. With regard to measuring instruments, special attention was given to the rationale of and the motivation for selecting a particular instrument, as well as the reliability and validity aspects of each instrument. Included into the discussion were the nature, administration, and interpretation of

each instrument. Sub-scales and dimensions of each instrument were also discussed. Data gathering and data processing were discussed as well as relevant statistical analyses. The research hypotheses were stated in terms of the present study. The following chapter therefore deals with the results of the empirical study.

CHAPTER 5: RESULTS OF EMPIRICAL RESEARCH

5.1 INTRODUCTION

The previous chapter gave an outline of the methodology and techniques applied to conduct the empirical research. In this chapter the results of the empirical study are reported and discussed. Firstly, the results from the biographical questionnaire will be discussed and secondly, an interpretation of the data from the instruments used will be presented. Finally, the hypotheses are tested and will be reported on.

5.2 BIOGRAPHICAL QUESTIONNAIRE

Before the descriptive information is discussed, this section introduces the biographical profile of the sample (refer to Table 5.1). Biographical information is reported for gender, marital status, qualification, home language, work situation, age, and length of service, health, working hours per week, financial income and workplace.

Table 5.1: Biographical profile of sample group

Characteristic	Category	Frequency	Percentage
Gender	Male	2	5%
	Female	37	95%
Marital status	Married	21	53%
	Unmarried	10	26%
	Divorced	3	8%
	Cohabitate	5	13%
Qualification	Master's	36	92%
	Doctorate	3	8%
Home Language	Afrikaans	29	74%
	English	10	26%

Work situation	Work full time	21	54%
	Work part-time	18	46%
Age	20 – 25 years	2	5%
	26 – 30 years	11	28%
	31 – 35 years	11	28%
	36 – 40 years	7	18%
	41 – 45 years	0	0%
	46 – 50 years	5	13%
	51 – 55 years	2	5%
	55 – 60 years	1	3%
Length of service	2 – 11 months	10	26%
	1 – 2 years	12	30%
	3 – 4 years	11	28%
	5 – 6 years	5	13%
	7 – 8 years	0	0%
	9 – 10+ years	1	3%
Health	Very healthy	32	82%
	Sometimes indisposed	5	13%
	Often indisposed	2	5%
Hours per week	1 - 5	8	20%
	6 -10	10	25%
	11 - 15	3	8%
	16 - 20	9	23%
	21 - 25	1	3%
	26 - 30	3	8%
	31 - 35	3	8%
	36 - 40	1	3%
	41 - 45	1	3%

Financial income	Very satisfactory	2	5%
	Moderate	16	41%
	Unsatisfactory	17	44%
	Not answered	4	10%
Workplace	Educational Institute	11	28%
	Civil Service	3	8%
	Organisation	9	23%
	Private Practice	16	41%

In the following section the findings represented in Table 5.1 are discussed.

Table 5.1 indicates the numeric dispersion of the sample. The sample consists of 39 subjects with 2 males (5%) representing the minority of the sample and 37 (95%) females comprising the majority of the sample.

Regarding marital status, Table 5.1 shows that 21 of the subjects in the sample are married. This category is the largest and representing 53% of the sample. The second largest proportion with 10 subjects is unmarried representing 26% of the sample. Divorced subjects form the smallest group with 3 members and representing 8% of the total sample. Cohabiting subjects are 5 and represent 13% of the total sample. Approximately 66% of the sample has living arrangements that implies living together, either as married couples or cohabitating.

Regarding qualification, the largest group is those 36 subjects in the sample that indicate that they have a Master's degree. This group represents 92% of the total sample. The smallest proportion is the 3 (8%) who indicated that they have a doctorate degree.

Regarding home language, Table 5.1 shows that the largest group is those 29 (74%) subjects of the sample who indicated that they are Afrikaans speaking. The smallest proportion is the 10 (26%) subjects of the sample group who indicated that they are English speaking. No other language groups were recorded.

Table 5.1 shows that the largest group is the 21 (54%) subjects of the sample who do Play therapy on a full time basis. The remaining 18 (46%) of the subjects in the sample do Play therapy on a part-time basis.

Regarding age, Table 5.1 depicts that the two largest groups are those 22 (56%) of the sample that indicated that they are between 26 and 35 years of age. The second largest group is 7 (18%) of the subjects that indicated that they are between the ages of 36 and 40 years. The 29 (74%) subjects in the 3 largest groups are between the ages of 26 and 40 years. Subjects between the ages of 46 and 60 years consist of 8 (21%) of the sample.

Regarding experience, Table 5.1 shows that the largest group is those 12 (30%) subjects that indicated that they have 1 to 2 years experience as a play therapist. The second largest group is those 11 (28%) that indicated that they have 2 to 4 years experience. The third largest group is those 10 (26%) of the total sample who indicated that they have less than one year experience. The fourth group are those 5 (13%) who indicated that they have 5 to 6 years of experience. The smallest proportion is the 1 (3%) subject in the sample who indicated that he/she has more than 10 years experience in the field of play therapy.

Regarding state of health, Table 5.1 depicts that the largest group is those 32 (82%) subjects of the sample who experience themselves as very healthy. The second largest group is those 5 (13%) subjects of the sample who reported that they are sometimes indisposed, whilst 2 (5%) of the subjects of the sample reported being indisposed often.

Table 5.1 depicts that the largest group is those 10 (25%) subjects of the sample that indicated that they work between 6 to 10 hours per week as a play therapist. The second largest group is those 9 (23%) subjects of the sample that indicated that they work between 16 to 20 hours per week. The third largest group is those 8 (20%) subjects of the sample that indicated that they work between 1 to 5 hours per week.

The group that works between 11 to 15 hours per week consists of 3 (8%) subjects of the sample. If proportions of the remaining categories are combined, 9 (25%) subjects of the sample indicated that they work between 21 to 45 hours per week as a play therapist.

Regarding satisfaction with financial income as a play therapist, Table 5.1 depicts that the largest group is those 17 (44%) subjects of the sample who indicated that their financial income is unsatisfactory. The second largest group is that 16 (41%) subjects of the sample that rated their financial income as play therapists as satisfactory. The smallest group is those 2 (5%) subjects of the sample that rated their income as very satisfactory. The “not answered” responses were 4 (10%) subjects of the sample.

Regarding workplace in the labour market, Table 5.1 depicts that the largest group is those 16 (41%) subjects of the sample who indicated that they are in private practice. The second largest group is those 11 (28%) subjects of the sample who indicated that they are working at an educational institute. The third largest group is those 9 (23%) subjects of the sample who indicated that they are working in an organisation. The smallest group is those 3 (8%) subjects of the sample who indicated that they work in the civil service.

5.2 HOW GESTALT THERAPISTS EXPERIENCE THEIR WORK

The following section gives a description of how Gestalt play therapists experience their work according to the biographical questionnaire. It is depicted in table format together with an accompanying pie-chart or line graph.

Table 5.2: Distribution of personal experience as a Play Therapist

Characteristic	Category	Frequency	Percentage
Impact of work on clients	Very meaningful	28	72%
	Often meaningful	7	18%
	Sometimes	3	7%
	Not answered	1	3%
Characteristic	Category	Frequency	Percentage
Meaning of work to self	Very meaningful	29	74%
	Often meaningful	7	18%
	Sometimes	2	5%
	Not answered	1	3%

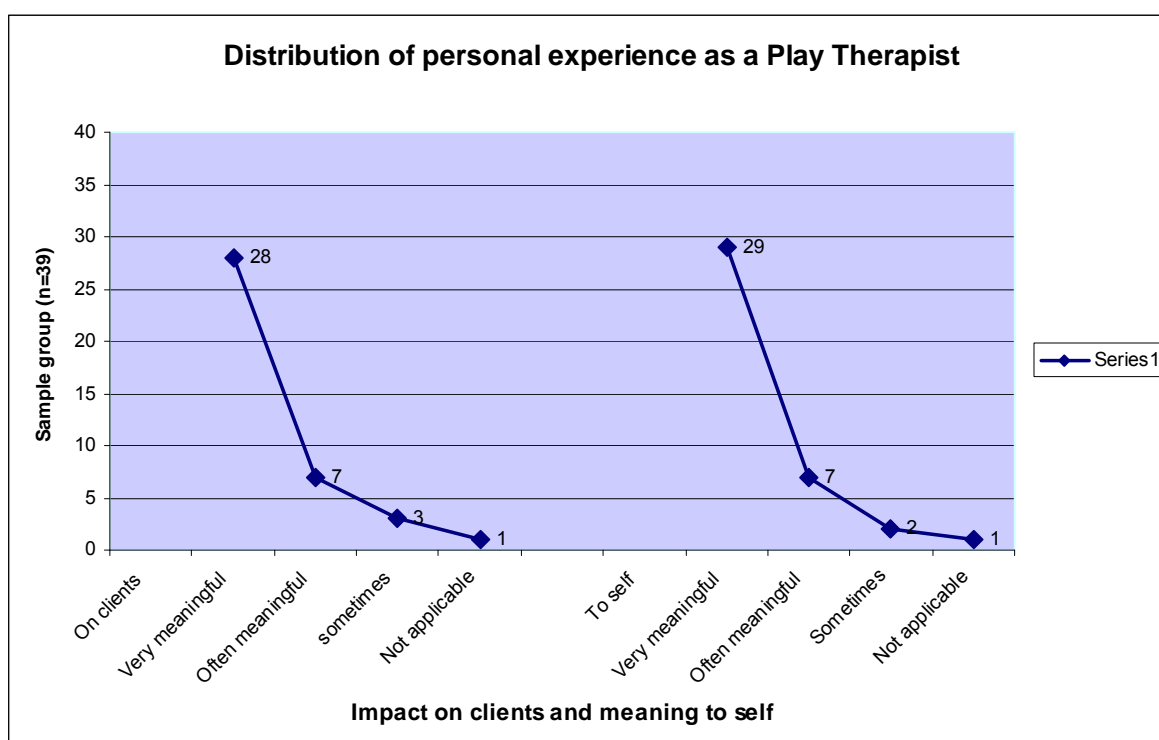


Figure 5.1: Distribution of personal experience as a Play Therapist

Table 5.2 and Figure 5.1, depicts that the subjects in the sample group experienced the impact of their work on clients and the meaning they themselves attached to their work as very similar. It shows that 28 (72%) rated the impact of their work on clients

as “very meaningful” and 29 (74%) rated the meaning they attached to their work as play therapists also as “very meaningful”. The second group of 7 (18%) rated both their impact on clients and the meaning they attach to their work as “often meaningful”. The smallest group rated both their impact on clients and the meaning they attach to their work as “sometimes meaningful”. One of the subjects indicated that this question was not applicable. The results of this question indicate that the majority of the subjects in the sample experience their impact on clients as meaningful and they also experience their work as play therapist as meaningful to themselves. Seligman (2003:126-127) describes the meaningful life as “...the use of your strengths and virtues in the service of something much larger than you are”. Park and Folkman (1997:115-144) describe meaning as a general life orientation, as personal significance, as causality, as a coping mechanism and as an outcome. In the job characteristics model of Hackman and Oldham (in Sivanathan, Arnold, Turner & Barling, 2004:247) meaningful work is conceptualised as a critical psychological state resulting from a job that is high in task significance, task identity, and skill variety. The commonality among the measures of meaning is that they all focus on a purpose to work that somehow transcends the financial one. The results obtained from this biographical question indicate that the majority of the subjects (74%) experience their work as very meaningful.

Table 5.3: Level of support versus difficulty level of cases distribution

Characteristic	Category	Frequency	Percentage
Level of support	Always	9	23%
	Often	15	38%
	Sometimes	14	36%
	Never	1	3%
Difficulty of cases	Very difficult	15	38%
	Moderate	22	56%
	Not difficult	1	3%
	Not answered	1	3%

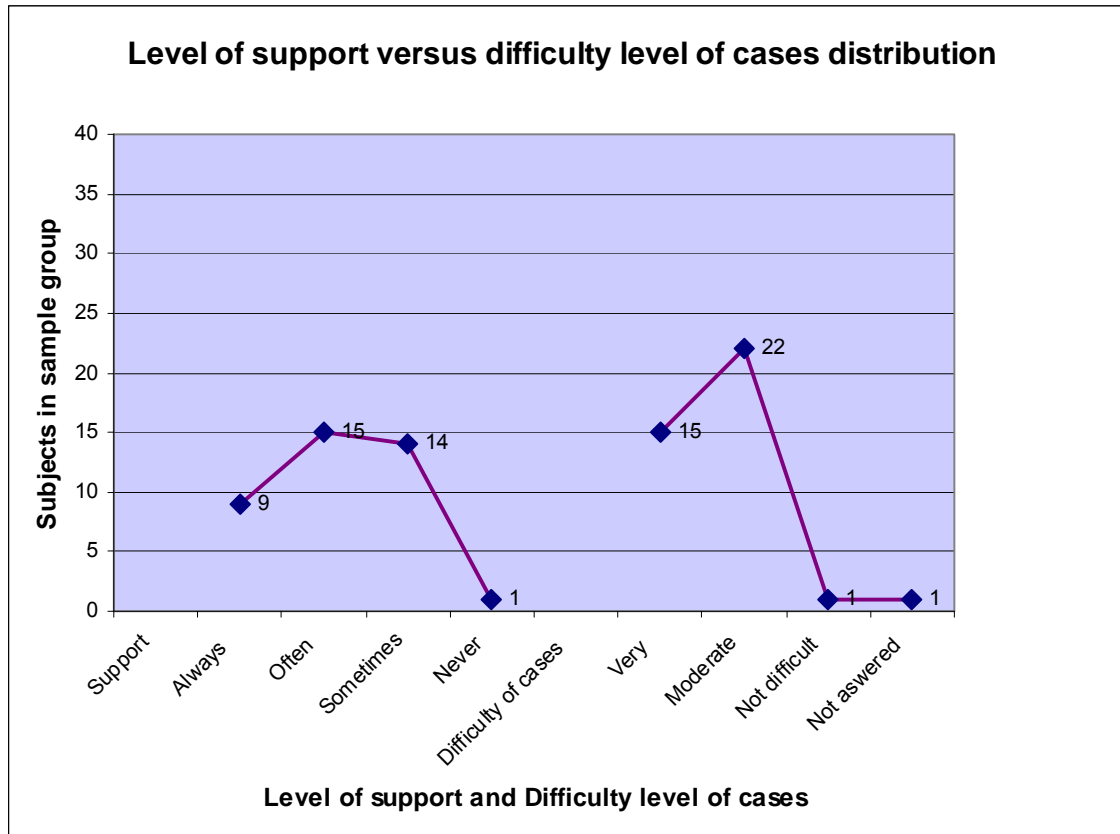


Figure 5. 2: Level of support versus difficulty level of cases distribution

Table 5.3 and Figure 5.2, depicts that 37 (94%) subjects of the sample group rated the difficulty level of their cases as “moderate” to “very difficult”. The smallest group consists of 1 (3%) subject that rated the difficulty level of his/her cases as “not difficult”. One respondent (3%) did not answer this question. Support received was rated by 24 (61%) subjects in the sample group as “often” to “always” receiving support. Little support or lack of support was indicated by 15 (39%) of the subjects in the sample group. The results of this biographical question indicate that the majority of the subjects (94%) rated the difficulty level of their cases as moderate to very difficult. However, support received from individuals in their environment is rated 33% lower. According to literature, researchers have generally found that social support protect against burnout. (Compare Stevens & Higgins, 2002:313-331; Anderson, 2000:839-848; Zunz, 1998:39-54.) Together with support, supervision plays a key role in the management of burnout. (Compare Capner & Caltabiano, 1993:555-561; Azar, 2000:643-663; Stevens & Higgins, 2002:313-331.)

Table 5.4: Role conflict distribution

Characteristic	Category	Frequency	Percentage
Role conflict	Never	20	51%
	Sometimes	14	36%
	Often	3	8%
	Not answered	2	5%

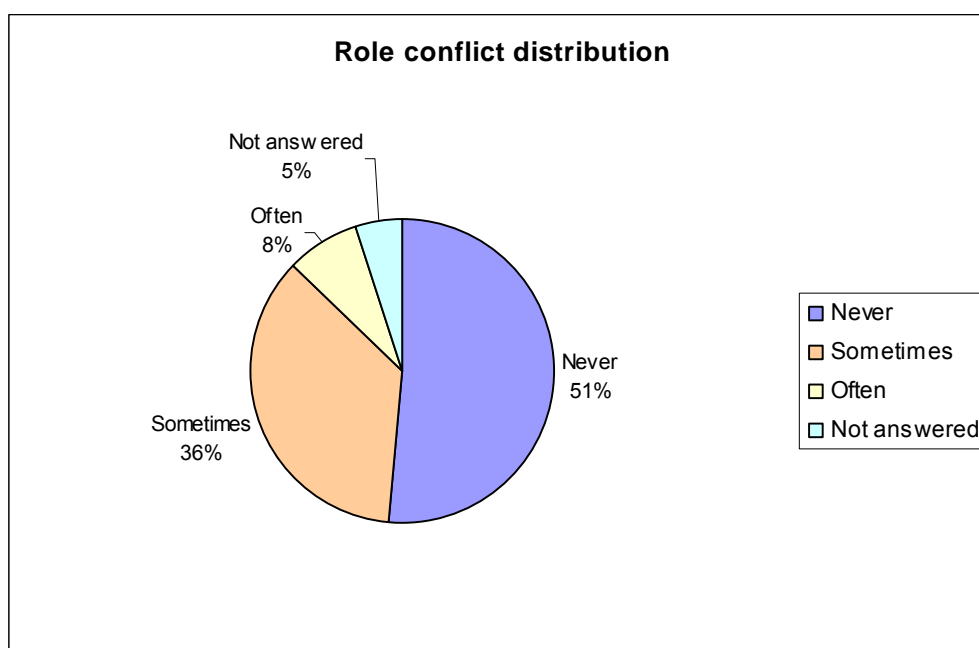


Figure 5.3: Role conflict distribution

Table 5.4 and Figure 5.3, depicts that the largest group is the 20 (51%) subjects that indicated that they never experience role conflict as a Play therapist. The second largest group is the 17 (44%) subjects of the sample group who indicated that they experience role conflict often or sometimes. Two (5%) of the subjects did not answer the question. Results obtained from this biographical question indicate that role conflict does not pose a serious problem to about half (51%) of the subjects and only sometimes to 36% of the subjects. Within the helping professions, in general, role stressors, including role overload, role conflict (managing multiple roles), and role ambiguity (coping with the lack of clear guidelines) have been identified as antecedent of burnout. (Compare Barber & Iwai, 1996:101-106; Siefert, Jayaratne &

Chess, 1991:193-202.)

Table 5.5: Realization of occupational goals versus career change distribution

Characteristic	Category	Frequency	Percentage
Realized occupational goals	Fully realized	11	28%
	Moderately	25	64%
	Not at all	3	8%
Considering career change	Never	20	51%
	Sometimes	15	39%
	Often	4	10%

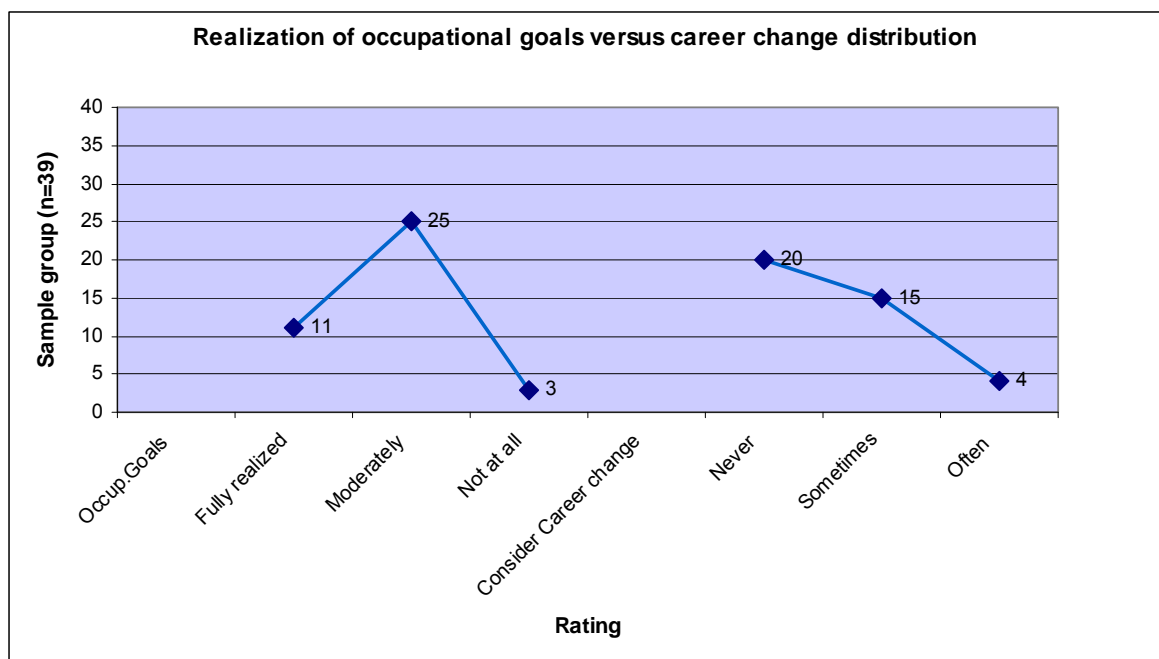


Figure 5.4: Realization of occupational goals versus career change distribution

Table 5.5 and Figure 5.4, depicts that the largest group is those 25 (64%) subjects of the sample group who indicated that they feel that they have moderately realized their occupational goals as a Play therapist. The second largest group is the 11 (28%) subjects who indicated that they have fully realized their occupational goals. The smallest group is the 3 (8%) subjects of the sample group that feel they have not

realized their occupational goals at all. Of the sample group, 20 (51%) subjects never considered a career change whereas 15 (39%) subjects of the sample group sometimes consider a career change. The smallest group is the 4 (10%) subjects of the sample group who often consider a career change. The majority of the 39 subjects (it is 92%) indicated that they have moderately to fully realized their occupational goals. According to a study by Stevens and Higgins (2002:313-331), a high degree of burnout is reflected in low scorers on personal accomplishment. Koeske and Koeske (1989:243-248) state that a sense of personal accomplishment, together with social support, may act as a buffer against the debilitating effects of emotional exhaustion as experienced in burnout.

Table 5.6: Distribution of self-rating of work engagement

Characteristic	Category	Frequency	Percentage
Work engagement	Always	15	38%
	Often	19	49%
	Sometimes	4	10%
	Not answered	1	3%

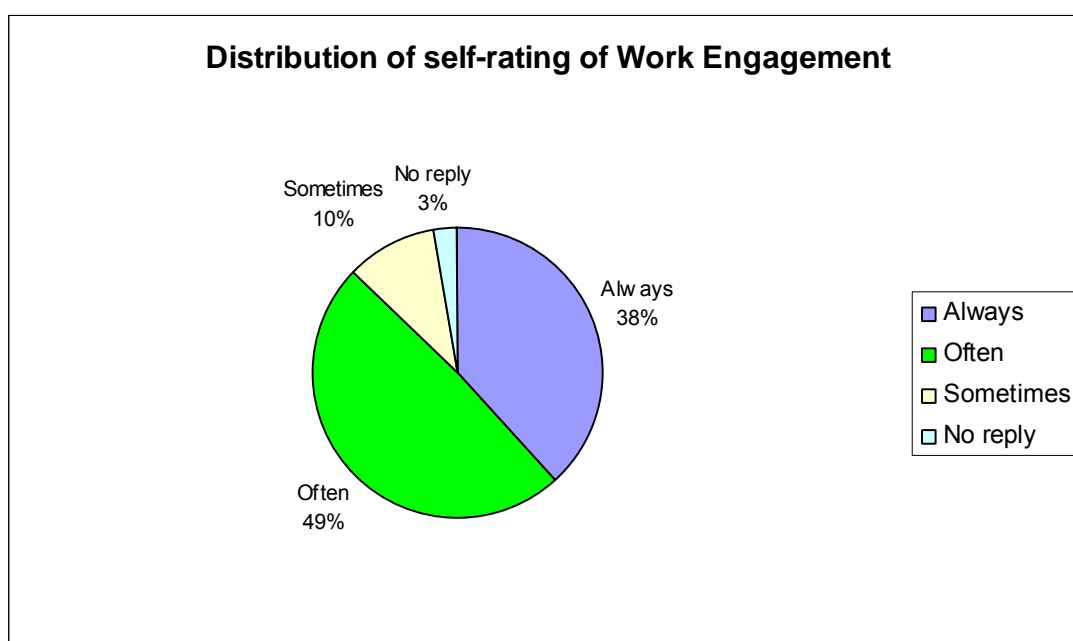


Figure 5.5: Distribution of self-rating of work engagement

Table 5.6 and Figure 5.5, depicts that the largest group is those 19 (49%) subjects of the sample that rated them self as “often” engaged in their work. The second largest group is those 15 (38%) subjects of the sample group that rated themselves as being “always” engaged in their work. The smallest group is those 4 (10%) subjects of the sample group who rated them self as “sometimes” engaged in their work as Play therapist. One participant did not answer the question. In Figure 5.8, a comparison is drawn between the self-rating of subjects on their work engagement and the results obtained from the UWES. The results obtained from these two instruments were very similar.

Table 5.7: Distribution of participation in physical activities and hobbies

Characteristic	Category	Frequency	Percentage
Physical activities	Regular	11	28%
	Often	7	18%
	Sometimes	15	39%
	Not at all	6	15%
Hobbies	Regular	4	10%
	Often	16	41%
	Sometimes	18	46%
	Not at all	1	3%

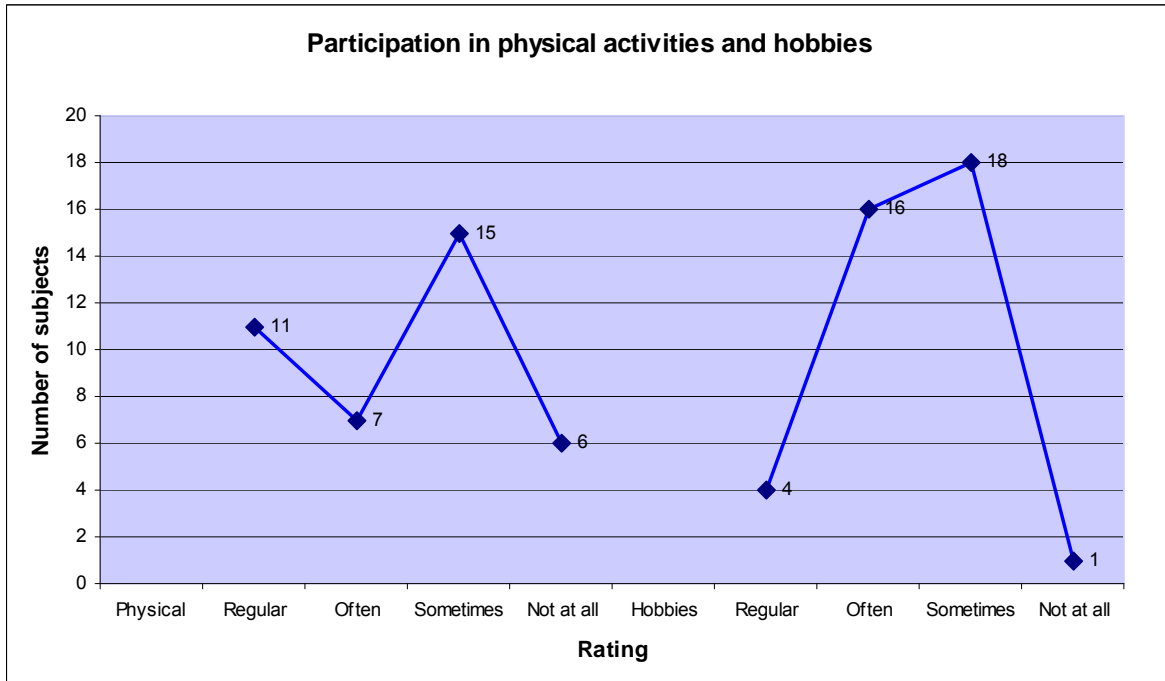


Figure 5.6: Participation in physical activities and hobbies

Table 5.7 and Figure 5.6, depicts that 33 (85%) of subjects in the sample group participate in physical activities to a more or lesser extent, whereas 6 (15%) subjects in the sample group do not participate in any physical activities at all. It further depicts that 38 (97%) of the subjects in the sample group have hobbies and 1 (3%) of the subjects in the sample does not have any hobbies at all. The results obtained indicate that the majority of the subjects participate in physical activities (it is 85%) and have hobbies (97%). According to Guy (in Hostler, 2004:10) physical activities such as exercise, hobbies, interests and activities unrelated to psychology help the body and mind to deal with stress and tension.

Table 5.8: Distribution of answer on becoming a play therapist again

Characteristic	Category	Frequency	Percentage
Choose Play therapy again?	Definitely, yes	31	79%
	Not so sure	7	18%
	Never	1	3%

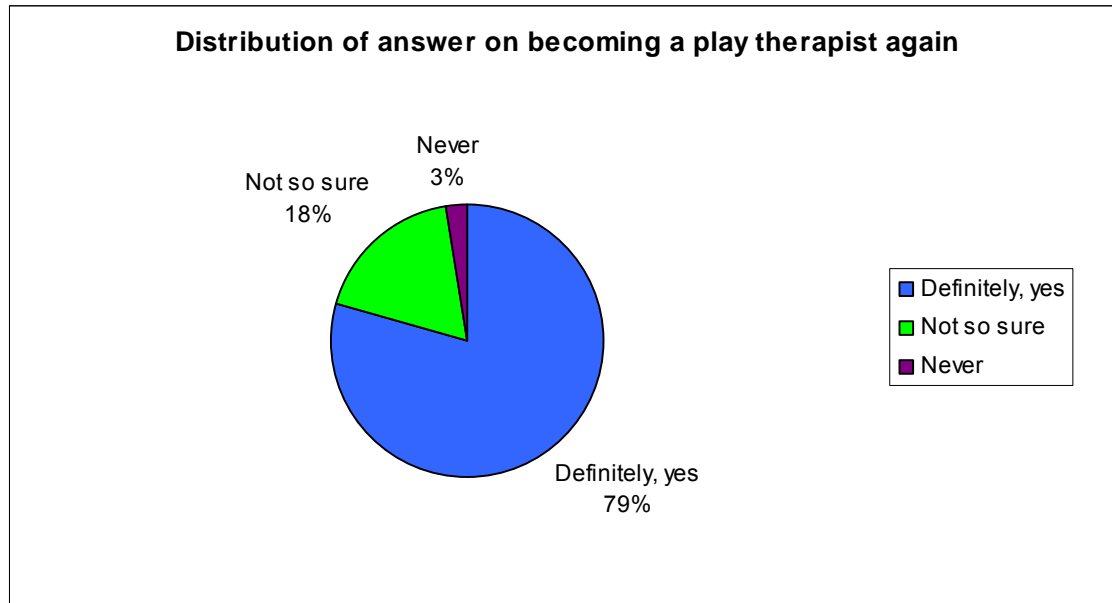


Figure 5.7: Distribution of answer on becoming a play therapist again

Table 5.8 and Figure 5.7, depicts that the largest group 31 (79%) of the subjects in the sample group would choose to become a Play therapist again, would they have the choice. The second largest group 7 (18%) of the subjects in the sample were “not so sure” and 1 (3%) of the subjects in the sample group would “never” choose the same career again. The results from this biographical question indicate that the majority (79%) of the subjects would choose to become a play therapist again would they have the choice to do so.

5.3 DESCRIPTIVE STATISTICS OF THE MEASURING INSTRUMENTS

The descriptive statistics for the different instruments are reported in this section. Frequency distributions of the scores obtained in each instrument are presented in table format. The mean, median, mode, standard deviation and cumulative percentages for each instrument were computed and are reported.

5.3.1 The Utrecht Work Engagement Scale (UWES)

The descriptive statistics of the UWES are reported as follows:

Table 5.9: Frequency distribution of the UWES

7-point Likert scale	Frequency	Percent	Cumulative Percent
1 (never)	1	0.15	0.15
2 (almost never)	8	1.21	1.36
3 (rarely)	32	4.83	6.18
4 (sometimes)	117	17.65	23.83
5 (often)	173	26.09	49.92
6 (very often)	184	27.75	77.68
7 (always)	148	22.32	100.00

Mean = 5.40; Median = 6.00; Mode = 6.00; S.D. = 1.22

Table 5.9 depicts that 6.18% of the subjects of the sample group rated their work engagement as “rarely” to “never”, whereas 93.82% rated their work engagement as “sometimes” to “always”.

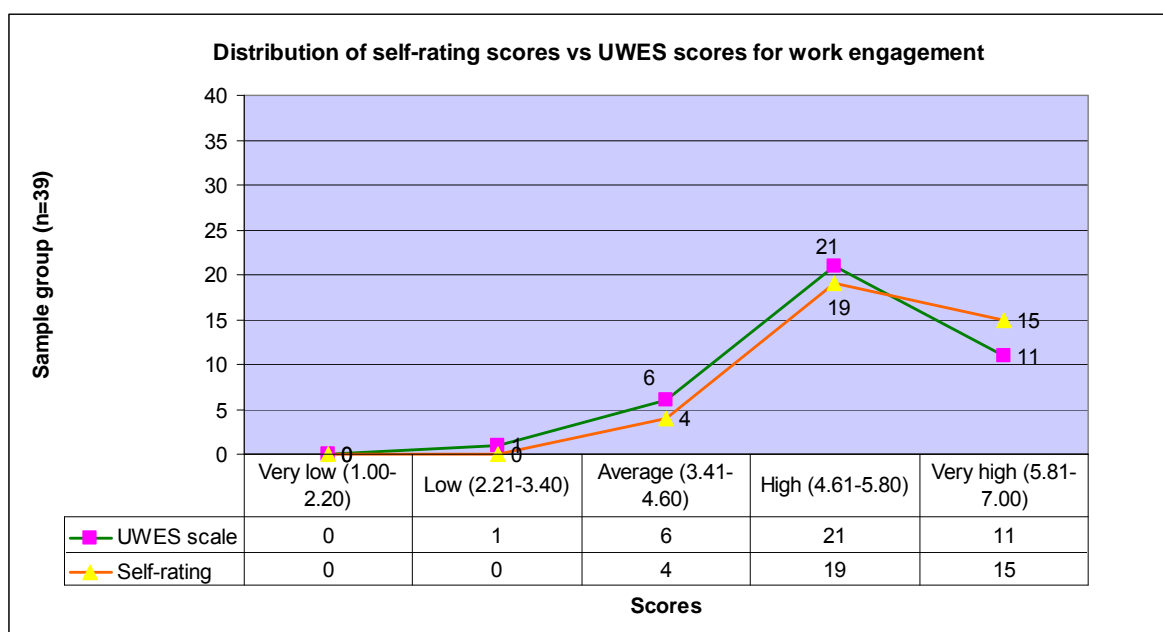


Figure 5.8: Distribution of self-rating scores versus UWES scores for work engagement

Figure 5.8 depicts that subjects in the sample group scored them self somewhat lower on work engagement in comparison with the rating scales of the UWES, except for the “very high” rating where subjects scored them self somewhat higher than the

scores on the UWES. Overall the subjects' own perception of their work engagement level is very similar to their level of work engagement as measured by the UWES.

5.3.2 Satisfaction with Life Scale (SWLS)

The descriptive statistics for the SWLS are reported as follows:

Table 5.10: Frequency distribution of the SWLS

7-point Likert scale	Frequency	Percent	Cumulative Percent
1 (strongly disagree)	5	2.56	2.56
2 (disagree)	10	5.13	7.69
3 (slightly disagree)	10	5.13	12.82
4 (in between)	14	7.18	20.00
5 (slightly agree)	43	22.05	42.05
6 (agree)	79	40.51	82.56
7 (strongly agree)	34	17.44	100.00

Mean = 5.32; Median = 6.00; Mode = 6.00; S.D. = 1.46

Table 5.10, indicates that 12.82% of the subjects in the sample group rated their satisfaction with life as “strongly disagree” to “slightly disagree”, whereas 7.18% subjects in the sample group rated themselves as “in between”. The majority, 80% of the subjects in the sample group rated their satisfaction with life as “slightly agree” to “strongly agree”. The overall results of the SWLS indicate that the majority (80%) of the subjects in the sample rated themselves as satisfied with their quality of life according to their own chosen criteria and as measured by the SWLS.

5.3.3 Subjective Happiness Scale (SHS)

The descriptive statistics for the SHS are reported as follows:

Table 5.11: Frequency distribution of the SHS

7-point Likert scale	Frequency	Percent	Cumulative Percent
1 (strongly disagree)	3	1.92	1.92
2 (disagree)	6	3.85	5.77
3 (slightly disagree)	5	3.21	8.97
4 (in between)	18	11.54	20.51
5 (slightly agree)	43	27.56	48.08
6 (agree)	61	39.10	97.18
7 (strongly agree)	20	12.82	100.00

Mean = 5.27; Median = 6.00; Mode = 6.00; S.D. = 1.31

Table 5.11, indicates that 8.97% of the subjects in the sample group rated their subjective happiness as “strongly disagree” to “slightly disagree”, whereas 11.54% scored themselves as “in between”. The majority, 79.49% of the subjects in the sample group scored their subjective happiness as “slightly agree” to “strongly agree”. The results from the SHS indicate that the subjective measurement of the majority of subjects (79.49%) of the sample consider themselves as happy as seen from their own perspective and as measured by the SHS.

5.3.4 Scales of Psychological Well-being (SPWB)

The descriptive statistics for the SPWB are reported as follows:

Table 5.12: Frequency distribution of the SPWB

6-point Likert scale	Frequency	Percent	Cumulative Percent
1 (strongly disagree)	48	1.48	1.48
2 (disagree)	104	3.21	4.70
3 (slightly disagree)	270	8.34	13.04
4 (slightly agree)	678	20.95	33.98
5 (agree)	1071	33.09	67.07
6 (strongly agree)	1066	32.93	100.00

Mean = 4.79; Mode = 5.00; Median = 5.00; S.D. = 1.16

Table 5.12, indicates that 13.04% of the subjects in the sample group rated themselves as “strongly disagree” to “slightly disagree” whereas the majority (86.96%) of the subjects in the sample group rated themselves as “slightly agree to “strongly agree”. The results from the SPWB indicate that the majority of subjects (86.96%) in the sample rated their psychological well-being in the high scoring category of the SPWB.

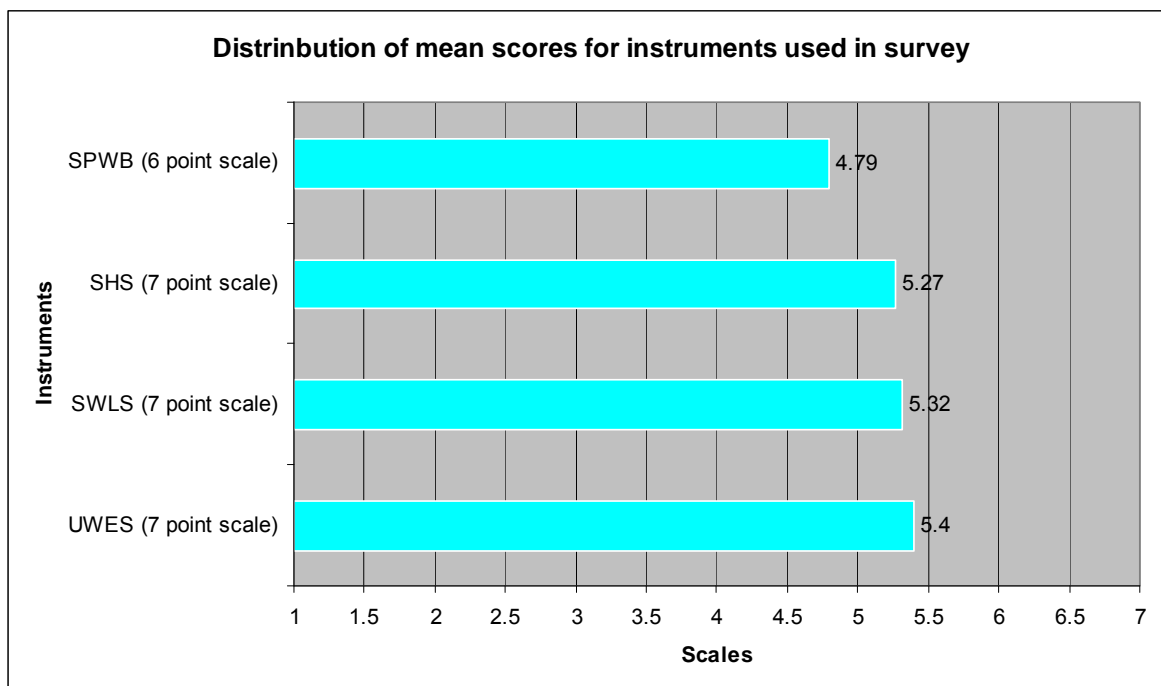


Figure 5.9: Distribution of mean scores for instruments used in the survey

Figure 5.9 indicates that the mean score on the UWES is the largest, 5.4, followed by the SWLS with 5.32. The third largest mean score is that of the SHS, 5.27, whereas the smallest mean score is that of the SPWB at 4.79.

5.3.4.1 Dimensions of Psychological Well-being

Ryff (1989:35-55) distinguished six core dimensions of psychological well-being. The theoretically derived dimensions include: Positive relations with others, Autonomy, Environmental mastery, Personal growth, Purpose in life and Self-acceptance. The distribution of mean scores for the 6 dimensions of the SPWB is reported in Figure 5.10.

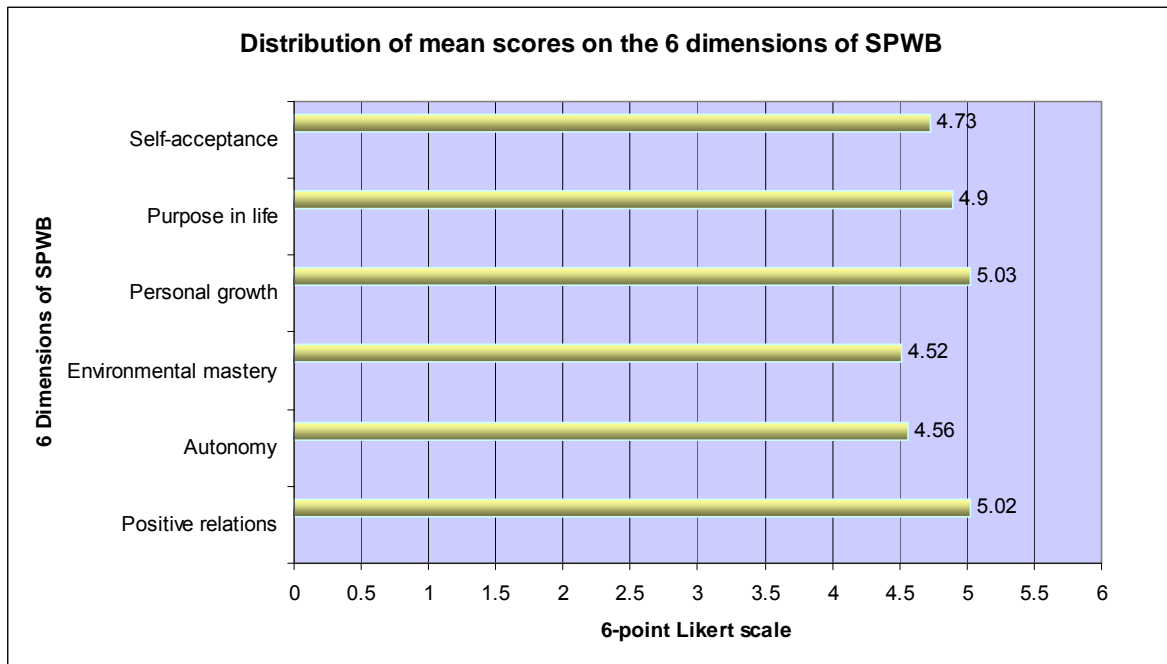


Figure 5.10: Distribution of mean scores of the 6 dimensions of the SPWB

Figure 5.10, depicts that the largest mean score for the 6 dimensions of the SPWB was obtained for personal growth (5.03), followed by positive relations with others (5.02). Purpose in life is obtained the third largest score (4.9), followed by self-acceptance (4.78). Fifth is autonomy (4.56) and the smallest mean score is for environmental mastery (4.52).

Table 5.13: Frequency distribution for 6 Dimensions of SPWB

1. Positive Relations			
6-point Likert scale	Frequency	Percent	Cumulative Percent
1 (strongly disagree)	5	0.92	0.92
2 (disagree)	14	2.56	3.48
3 (slightly disagree)	35	6.41	9.89
4 (slightly agree)	89	16.30	26.19
5 (agree)	171	31.32	57.51
6 (strongly agree)	232	42.49	100.00

2. Autonomy			
6-point Likert scale	Frequency	Percent	Cumulative Percent
1 (strongly disagree)	7	1.28	1.28
2 (disagree)	21	3.85	5.13
3 (slightly disagree)	71	13.00	18.13
4 (slightly agree)	140	25.64	43.77
5 (agree)	170	31.14	74.91
6 (strongly agree)	137	25.09	100.00
3. Environmental Mastery			
6-point Likert scale	Frequency	Percent	Cumulative Percent
1 (strongly disagree)	13	2.38	2.38
2 (disagree)	26	4.76	7.14
3 (slightly disagree)	57	10.44	17.58
4 (slightly agree)	137	25.09	42.67
5 (agree)	193	35.35	78.02
6 (strongly agree)	120	21.98	100.00
4. Personal Growth			
6-point Likert scale	Frequency	Percent	Cumulative Percent
1 (strongly disagree)	6	1.10	1.10
2 (disagree)	8	1.47	2.56
3 (slightly disagree)	24	4.40	6.96
4 (slightly agree)	104	19.05	26.01
5 (agree)	184	33.70	59.71
6 (strongly agree)	220	40.29	100.00
5. Purpose in Life			
6-point Likert scale	Frequency	Percent	Cumulative Percent
1 (strongly disagree)	6	1.10	1.10
2 (disagree)	16	2.93	4.03
3 (slightly disagree)	32	5.86	9.89
4 (slightly agree)	117	21.43	31.32
5 (agree)	176	32.23	63.55
6 (strongly agree)	199	36.45	100.00

6. Self-acceptance			
6-point Likert scale	Frequency	Percent	Cumulative Percent
1 (strongly disagree)	11	2.01	2.01
2 (disagree)	20	3.66	5.68
3 (slightly disagree)	52	9.52	15.20
4 (slightly agree)	104	19.05	34.25
5 (agree)	190	34.80	69.05
6 (strongly agree)	169	30.95	100.00

Table 5.13 indicates the following regarding the 6 dimensions of the SPWB:

Positive relations with others

The majority of the subjects in the sample group, 90.11% rated themselves as “slightly agree” to “strongly agree”, whereas 9.89% rated themselves as “strongly disagree” to “slightly disagree”. To Hostler (2004:10). interpersonal relations is vital to the prevention of burnout. This includes contact with a wide variety of individuals, and therapists especially need friends and acquaintances outside the field of psychology. The results of this dimension indicate that the majority of the subjects in the sample (90.11%) rated themselves as having positive relations with others.

Autonomy

The majority of the subjects in the sample group, 81.13% rated themselves as “slightly agree” to “strongly agree”, whereas 18.13% rated themselves as “strongly disagree” to “slightly disagree”. According to Deci and Ryan (in Brown & Ryan, 2004:105-107) autonomously motivated behaviour is self-endorsed, volitional and done willingly; that is, it is self-determined. In contrast, behaviour that lacks autonomy is motivated by real or perceived controls, restrictions and pressures, arising either from social contextual or internal forces. It is behaviour that is operating from introjection in order to attain ego rewards such as pride or to avoid guilt, anxiety, or disapproval from self or others. The results obtained from the dimension of autonomy indicate that the majority of subjects in the sample (91.11%) rated themselves as functioning autonomously as measured by the SPWB.

Environmental Mastery

The majority of the subjects in the sample group, 82.42% rated themselves as “slightly agree” to “strongly agree”, whereas 17.58% rated themselves as “strongly disagree” to “slightly disagree”. According to Ryff (1989:1071), a characteristic of mental health is an individual’s ability to choose or create environments suitable to his or her psychic conditions. It is also seen as one’s ability to advance in the world and change it creatively through physical or mental activities. Sagiv and Schwartz (2000:177-198), underscore the impact the environments in which people operate have on their ability to attain their valued goals. Environments that are congruent with individuals’ goals and values afford them with opportunities to attain their important goals. The results obtained from the dimension of environmental mastery, indicate that the majority of subjects in the sample (82,42%) rated themselves positively on this dimension.

Personal Growth

The majority of the subjects in the sample group, 93.04% rated themselves as “slightly agree” to “strongly agree”, whereas 6.96% rated themselves as “strongly disagree” to “slightly disagree”. According to Ryff (1989:1071) optimal functioning requires also that one continue to develop one’s potential, to grow and expand as a person. It may be the dimension of well-being what comes closest to Aristotle’s notion of eudaimonia as described earlier. However, Ruini and Fava (2004:375) state that a basic impairment that emerges in perception of personal growth and environmental mastery is the inability of clients to identify the similarities between events and situations that were handled successfully in the past and those that are about to come. As a result, impairments in perception of personal growth and environmental mastery tend to interact in a dysfunctional way. The results of the dimension of personal growth indicate that the majority of subjects in the sample (93,04%) experience personal growth in their careers as measured by the SPWB.

Purpose in Life

The majority of the subjects in the sample group, 90.11% rated themselves as

“slightly agree” to “strongly agree”, whereas 9.89% rated themselves as “strongly disagree” to “slightly disagree”. According to Ryff (1989:1071), mental health includes beliefs that give one a feeling that there is purpose in and meaning to life. Thus, one who functions positively has goals, intentions, and a sense of direction, all of which contribute to the feeling that life is meaningful. Ruini and Fava (2004:377) state that individuals may experience a lack of sense of direction and may devalue their function in life. This particular occurs when environmental mastery and a sense of personal growth are impaired. The results of this dimension indicate that the majority of subjects (90.11%) in the sample experience purpose in life as measured by the PWBS.

Self-acceptance

The majority of the subjects in the sample group, 84.80% rated themselves as “slightly agree” to “strongly agree”, whereas 15.20% rated themselves as “strongly disagree” to “slightly disagree”. Ryff (1989:1071) defines self-acceptance as a central feature of mental health as well as a characteristic of self-actualization, optimal functioning, and maturity. Thus, holding positive attitudes toward oneself emerges as a central characteristic of positive psychological functioning. Ruini and Fava (2004:377) state that individuals may maintain unrealistically high standards and expectations, driven by perfectionistic attitudes (that reflect lack of self-acceptance) and/or endorsement of external instead of personal standards (that reflect lack of autonomy). As a result, any instance of well-being is neutralized by a chronic dissatisfaction with self. The results of this dimension of self-acceptance indicate that the majority of the subjects in the sample (84,80%), experience self-acceptance as a behaviour of psychological well-being as measured by the PWBS.

Table 5.14: Distribution of measures of central tendency of the 6 dimensions of SPWB

Dimension	Mean	Median	Mode	Std. Deviation
Positive relations with others	5.02	5.00	6.00	1.10
Autonomy	4.56	5.00	5.00	1.18
Environmental mastery	4.52	5.00	5.00	1.21
Personal growth	5.03	5.00	6.00	1.03
Purpose in life	4.90	5.00	6.00	1.11
Self-acceptance	4.73	5.00	5.00	1.21

Table 5.14 indicates the mean, median, mode and standard deviation of the 6 dimensions of the SPWB. The mean (or arithmetic mean) is the sum of all the data values divided by the number of values ($n=39$). The median value of the set of data is the middle value of the ordered data (that is, the data must be put in numerical order first). The mode (or modal value) of a set of data is the most frequently occurring value. The standard deviation is a simple measure of the variability or dispersion of a data set (Kruger, et al., 2005:236). A low standard deviation (as is the case for the 6 dimensions of the SPWB), indicates that all of the data points are very close to the same value (mean), while a high standard deviation indicates that the data is “spread out” over a large range of values.

The above sections dealt with descriptive statistics generated by the measuring instruments used in this research. The next section deals with the hypotheses set in Chapter 1.3.

5.4 HYPOTHESIS TESTING

The research hypothesis was that the presence of work engagement and well-being is statistically significant in Gestalt play therapists in South Africa.

In order to test the significance of work engagement and well-being in Gestalt play therapists, the following procedure was followed:

Step 1: The average score of each respondent ($n = 39$) for each questionnaire were calculated.

Step 2: Basic statistics were calculated for the 39 subjects, the mean, median, mode and standard deviation were used.

Step 3: A two-sided t-test was used in all cases to test the null hypothesis and the alternative hypothesis and p-values of ≤ 0.05 were considered significant. According to Kruger, *et al.* (2005:242), basically this means that there is a 95% chance that the results are not due to chance but that the results are due to the influence of an independent variable. From this information, the following results were obtained.

The following null and alternative hypotheses were tested:

UWES: $H_0: \mu = 4$; $H_a: \mu \neq 4$
SHS: $H_0: \mu = 4$; $H_a: \mu \neq 4$
SWLS: $H_0: \mu = 4$; $H_a: \mu \neq 4$
SPWB: $H_0: \mu = 3.5$; $H_a: \mu \neq 3.5$

The 6 dimensions of psychological well-being:

Positive relations with others: $H_0: \mu = 3.5$; $H_a: \mu \neq 3.5$
Autonomy: $H_0: \mu = 3.5$; $H_a: \mu \neq 3.5$
Environmental Mastery: $H_0: \mu = 3.5$; $H_1: \mu \neq 3.5$
Personal Growth: $H_0: \mu = 3.5$; $H_a: \mu \neq 3.5$
Purpose in Life: $H_0: \mu = 3.5$; $H_a: \mu \neq 3.5$
Self-acceptance: $H_0: \mu = 3.5$; $H_a: \mu \neq 3.5$

All the hypotheses were tested by the two-sided t-test and p-values ≤ 0.05 were considered significant.

Table 5.15: Results from the two-sided t-test of the 4 instruments used

Questionnaires	n	Mean	S.D.	p-value
Utrecht Work Engagement Scale	39	5.41	0.84	<0.001
Satisfaction with Life Scale	39	5.32	1.25	<0.001
Subjective Happiness Scale	39	5.28	1.05	<0.001
Scales of Psychological Well-being	39	4.80	0.56	<0.001

Table 5.16: Results from the two-sided t-test of the 6 dimensions of the SPWB

6 Dimensions of SPWB	n	Mean	S.D.	p-value
Positive relations with others	39	5.02	0.58	<.001
Autonomy	39	4.57	0.64	<.001
Environmental mastery	39	4.52	0.72	<.001
Personal growth	39	5.04	0.49	<.001
Purpose in life	39	4.90	0.66	<.001
Self-acceptance	39	4.74	0.77	<.001

Statistical significance was found in all the tests, which indicated that the mean values were all significantly different (larger) than the null hypothesis values.

5.6 CHAPTER SUMMARY

The results of the empirical investigation were discussed in this chapter. This step included the display, discussion and interpretation of data, followed by an integration of the results. The next chapter addresses the conclusions, recommendations and limitations of the research.

CHAPTER 6: CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

6.1 INTRODUCTION

The previous chapter deals with the fifth step of the empirical objective formulated in chapter 1. In this final chapter, the sixth and final step of the empirical objective is achieved. This chapter serves as a summary of the research process and results, conclusions and recommendations are subsequently presented.

6.2 AIM OF THE STUDY

The aim of the study was to do a research survey to measure the presence of work engagement and well-being in Gestalt play therapists in South Africa.

In order to achieve the aim, objectives were formulated and are discussed in detail in 6.3. The researcher undertook a literature study to describe work engagement and well-being and to provide a conceptual framework of the Gestalt play therapist. The literature study provided the theoretical framework for the study. The researcher further made use of quantitative research methodology to collect and analyze the empirical data that was collected through a biographical questionnaire and psychometric instruments.

6.3 OBJECTIVES OF THE STUDY

Five objectives were identified by the researcher for the purpose of this study (as described in 1.4). The objectives will now be discussed.

6.3.1 Objective 1

- To provide a theoretical foundation by accurately describing the features of work engagement and well-being through a literature review.

This objective was achieved by providing a theoretical foundation on the above by means of a literature review (refer to Chapter 2). Aspects that were discussed include work engagement and burnout, job demands and job resources, optimal

experience (flow), eustress, appraisal, subjective well-being and well-being according to the Gestalt perspective. Information was collected from social work and psychological books, journals, dissertations, theses, internet resources and other relevant documents.

6.3.2 Objective 2

- To describe and conceptualize the work of the Gestalt play therapist with traumatized children in the South African context.

This objective was achieved by describing and conceptualizing the Gestalt play therapist and the work that they do with traumatized children within the South African context (refer to Chapter 3). The South African context was described specifically regarding incidences that could create trauma in children as well as the impact of trauma on children. Information was collected from medical, social work and psychological books, journals, dissertations, theses, internet resources and other relevant documents.

6.3.3 Objective 3

- To gain insight into the phenomenon of work engagement and well-being of Gestalt play therapists in South Africa through measuring it by using relevant reliable and valid psychometric instruments.

The objective was achieved by obtaining four relevant psychometric instruments via the internet that measure work engagement, satisfaction with life, subjective happiness and psychological well-being. Three of the above instruments were obtained from the developers of the instruments themselves. The Subjective Happiness Scale is a free download from the internet. The reliability and validity of the instruments used are confirmed in Chapter 4. A biographical questionnaire was developed by the researcher according to independent variables found in the literature search.

These five questionnaires were sent to the subjects' email and postal addresses which were obtained from the Centre for Play Therapy and Training in Wellington. A

total population of 226 Gestalt play therapists was invited to take part in the survey. The sample (it is those who replied) consisted of 39 qualified Gestalt play therapists. This represents 17.2% of the total population. The completed questionnaires were then sent back to the researcher for processing and analyses.

6.3.4 Objective 4

- To analyse the data as provided by questionnaires and psychometric instruments by means of statistical analysis.

The data was processed according to the standard processes for each questionnaire. Descriptive statistics, describing numerical data, were used. This enabled the researcher to analyse the data. Frequency distributions and measures of central tendency (mean, median, mode and standard deviations) were calculated to determine the presence of the measured constructs in the sample group. From this information, results were obtained and interpreted and these findings are discussed in Chapter 5.

6.3.5 Objective 5

- To describe the results comprehensively, to draw appropriate conclusions and to make recommendations to the Centre for Play Therapy and Training in Wellington, South Africa and the University of South Africa.

From the above information results on the survey were reported and the hypotheses were tested. Conclusions, recommendations and possible limitations arising are detailed below. Based on the above, the researcher believes that the aims and objectives of the study were all achieved.

6.4 RESEARCH HYPOTHESIS

A quantitative-descriptive (survey) design was used in this study to test the research hypothesis set out as follows:

Hypothesis 0: The presence of work engagement and well-being is not statistically significant in Gestalt play therapists in South Africa.

Hypothesis 1: The presence of work engagement and well-being is statistically significant in Gestalt play therapists in South Africa.

All the hypotheses were tested by the two-sided t-test and p-values ≤ 0.05 were considered significant. Statistical significance was founded in all the tests, which indicated that the mean values were all significantly different (larger) than the null hypothesis values.

The research hypothesis has been tested and it revealed the presence of work engagement and well-being in the research sample. This was achieved in Chapter 5 by means of the reporting, interpreting and integration of results.

6.5 SUMMARY OF RESEARCH RESULTS, CONCLUSIONS AND RECOMMENDATIONS

6.5.1 Summary of the research results

The research results from the empirical study are described in the following section.

Descriptive statistics show that:

- Work engagement as measured by the UWES is present in Gestalt play therapists on the 0.001 level of significance.
- Satisfaction with life as measured by the SWLS is present in Gestalt play therapists on the 0.001 level of significance.

- Subjective happiness as measured by the SHS is present in Gestalt play therapists on the 0.001 level of significance.
- Psychological well-being as measured by the SPWB is present in Gestalt play therapists on the 0.001 level of significance.

As the SPWB consists of 6 dimensions, they are now reported on in the following section.

- Positive Relations, as measured by the SPWB as a dimension of psychological well-being is present at the 0.001 level of significance in Gestalt play therapists.
- Autonomy, a measured by the SPWB as a dimension of psychological well-being is present at the 0.001 level of significance in Gestalt play therapists.
- Environmental Mastery, as measured by the SPWB as a dimension of psychological well-being, is present at the 0.001 level of significance in Gestalt play therapists.
- For Personal Growth, as measured by the SPWB as a dimension of psychological well-being is present at the 0.001 level of significance in Gestalt play therapists.
- For Purpose in Life, as measured by the SPWB as a dimension of psychological well-being is present at the 0.001 level of significance in Gestalt play therapists.
- For Self-acceptance, as measured by the SPWB as a dimension of psychological well-being is present at the 0.001 level of significance in Gestalt play therapists.

6.5.2 Conclusions

The researcher concludes that the aims and objectives of the study have been achieved and that the research hypothesis has been tested with the aid of the literature study and the empirical investigation. Results of the research survey are reported as follows together with a description of demographic and other factors that may have contributed to or impeded on the results obtained in the study.

- Work engagement, as measured by the Utrecht Work Engagement Scale, is significantly present in Gestalt play therapists in the sample group.
 - Full-time Gestalt therapists consist of 21 (54%) of the subjects which means that they are already fully involved in their work as a play therapist and forms the majority of the sample group. As a result their engagement in their career might have reached its full potential. Of these full-time therapists, 17 (43%) work between 16 to 45 hours per week and they see 10 to 30 clients per week.
- Satisfaction with life, as measured by the Satisfaction with Life Scale, is significantly present in Gestalt play therapists in the sample group.
 - As the SWLS items are global rather than specific in nature, it allows subjects to weigh domains of their lives in terms of their own values, in arriving at a global judgment of life satisfaction. Of the 39 subjects, 18 (46%) scored themselves as very satisfied to moderately satisfied with their financial income as play therapists. The difficulty level of the cases they have to deal with was rated by 34 (94%) subjects as moderate to very difficult, and the level of support they received was rated by the 37 (97%) of the subjects as “sometimes” to “always”. This is an indication of satisfaction with life regarding their financial income together with the support they receive from individuals in their environment. There may be more aspects of satisfaction with life involved, but it was not measured in this research survey.
- Subjective happiness, as measured by the Subjective Happiness Scale, is significantly present in Gestalt play therapists in the sample group.
 - The SHS is a global, subjective measurement of whether one is a happy or an unhappy person, which considers happiness (the hedonic approach) from the subject’s own perspective. In order to interpret the score on the SHS meaningful, more information is necessary about life events and attitudes of the subjects in order to establish the reasons for

their reported happiness or unhappiness. However, according to Lyubomirsky and Lepper (1999:138) everyday experiences correlates with happiness more strongly than life events. It seems that working with traumatized children in the South African context on a daily basis does not have a significant negative impact on the global happiness of the Gestalt play therapist in the sample group. According to Linley and Joseph (2004:720) this is because a value position may have been adopted, namely that the happiness and well-being of the individual is not to the detriment and cost of others. It is therefore a valued subjective experience of adding value to the life and experiences of others.

- Psychological well-being, as measured by the Scales of Psychological well-being, is significantly present in Gestalt play therapists in the sample group.
 - As the SPWB is a measurement of *eudaimonia*, more precisely defined by Waterman (in Ryff, 1989:1070), as "... the feelings accompanying behavior in the direction of, and consistent with, one's true potential". It is best suited to describe psychological well-being in relation to the 6 dimensions proposed by Ryff (1989:1069-1081).

The research results from the empirical study on the 6 dimensions of the SPWB are as follows, together with a description of factors that may have contributed to or impeded on the results.

- Positive relations with others, as measured by the SPWB, are significantly present in Gestalt play therapists in the sample group.
 - According to Ryff (1989:1076) women score higher on positive relations with others than men. As the majority, 37 (95%) of the subjects in the sample is women, this might have had an effect on the results obtained for this dimension.
 - As relationship building is central to the Gestalt perspective and play therapy (refer to 3.10.2.1), it could have had an influence on this

relatively high score in relation with the scores achieved on the other dimensions on psychological well-being.

- The ability to interrelate, to engage with other people productively is a specialised study that Gestalt students undertake and one that requires much practice and careful observation by others (refer to 2.7.2.3).
- Autonomy, as measured by the SPWB, is significantly present in Gestalt play therapists in the sample group.
 - According to Ryff (1989:1076) age trends reveal higher scores among the middle-aged subjects than young adults. Of the 39 subjects in the sample, 8 (21%) are between the ages of 41 to 60 years. The majority 31 (79%) subjects are between 24 and 39 years of age. According to life span developmentalists (compare Ryff, 1989:1071), autonomy in the later years give the person a sense of freedom from the norms governing everyday life.
 - Authenticity as defined by Kernis and Goldman (2006:293-344) as the "...unimpeded operation of one's true- or core-self in one's daily enterprise" can also be seen as related to autonomy. Authenticity, a core value according to the Gestalt approach relates to many aspects of adaptive functioning, including problem-focused coping strategies, mindfulness, positive role functioning, healthy aspects of self-concept structure, hedonic and eudaimonic well-being, authentic goal pursuits, and low verbal defensiveness. (Compare Clarkson & Mackewn, 1993:119-120; Jorgensen & Nafstad, 2004:15-34.)
 - It is reported by Brown and Ryan (2004:111) that empirical research indicates that the presence of social support for the psychological needs of competence, relatedness, and autonomy appears to foster autonomous functioning. Of the 39 subjects in the sample 38 (97%) reported social support to vary from "sometimes" to "always". This may be seen as a positive response by Gestalt play therapists towards

receiving social support from individuals in their environment.

- Environmental mastery, as measured by the SPWB, is significantly present in Gestalt play therapist in the sample group.
 - According to Ryff (1989:176) middle-aged and older adults rate themselves higher on environmental mastery than young adults. The age distribution, as reported on autonomy, is therefore also relevant on environmental mastery.
 - According to life span developmentalists (compare Ryff, 1989:1071), environmental mastery is the ability to manipulate and control complex environments. It emphasizes a person's abilities to advance in the world and change it creatively through physical and mental activities. As a result of the violent society in South Africa, it could have been expected that the 24 (61%) younger Gestalt play therapists in the sample group (between ages 24 to 35) experienced themselves as not in control of their environment and not able to change, control or manipulate the environment for the better. However, the ability of responding (refer to 2.7.2.2) is cultivated, enhanced and strengthened during training of the Gestalt play therapist during which time they learn to respond more intelligently and with greater confidence to challenges and difficulties in their environment (Parlett, 2003:55).
 - Perls, Hefferline and Goodman (1973:59) emphasized the interrelationship between the individual and the environment and believed that a person's behaviour can only be understood in terms of his/her interdependence with his/her environment (compare Clarkson & Mackewn, 1973:36-37). Polster and Poster (1999:101) propose that the relationship of the individual to his/her environment should be growth-full and exciting, and that the basic element in this relationship is contact. Good contact is the ability of the individual to respond flexibly and creatively, with persistence and clarity within an environment that invites interest and is responsive to his/her needs (refer to 2.7.2).

- Personal growth, as measured by the SPWB, is significantly present in Gestalt play therapists in the sample group.
 - On personal growth, young adults join the middle-aged adults in scoring higher than older adults, according to Ryff (1989:1076). All 39 subjects in the sample group falls within the category of young and middle aged as described above, it is between ages 24 and 60.
 - Outcomes on research on the SPWB showed women scoring higher on personal growth than men (Ryff, 1989:1076). As the majority, 37 (95%) of the subjects in the sample is women, this might have had an effect on the results obtained for this dimension.
 - According to Linley and Joseph (2007:398), therapeutic training and practice and particularly therapists of the humanistic and transpersonal orientation, were more likely to report personal growth and positive change as a result of their therapy work. However, doing therapeutic work for longer overall time periods reported more negative psychological changes and burnout. Of the sample group, 38 (97%) subjects had 6 years or less experience and their mean age is 35.33 years. Only one respondent had more than 10 years experience. This indicates that the majority of the sample group does not fall in the category of longer overall work experience and might not yet experience the negative psychological changes associated with burnout.
 - As human growth is central to Gestalt therapy, Perls, *et al.* (1994:155), wrote that an organism preserves itself only by growing. Self-preserving and growing are seen as polar, for it is only what continually assimilates novelty that can preserve itself and not degenerate. The materials and energy of growth are: the conservative attempt of the organism to remain as it has been, the novel environment, the destruction of previous partial equilibrium, and the assimilation of something new.
- Purpose in life, as measured by the SPWB, is significantly present in Gestalt

play therapists in the sample group.

- On purpose in life, age trends also reveal higher scores among middle-aged subjects than for young adults. Of the 39 subjects, only 8 (21%) are between the ages of 41 to 50 years. The majority 31 (79%) subjects are between 24 and 39 years of age.
- Purpose in life includes the belief that there is purpose in life and the feeling that life is meaningful. According to Wordt and Toman (2005:71) one of the great tasks of each person's life is to create life's meaning by how it is lived in the concrete situations of life. One cannot be indifferent to others like one self because one is unescapably thrown together and have real relationships with one another. Wordt and Toman (2005:71) state the "...each of us is a being whose being is also being with and we owe every being an attitude of care and concern". Of the 39 subjects in the sample, 28 (72%) experienced their being with their clients as very meaningful and 29 (74%) experienced their work (taking care and having concern for others) as very meaningful.
- Seligman (2003:127) describe the meaningful life as "...the use of your strengths and virtues in the service of something much larger than you are". Yalom (1980) suggests that life itself is meaningless and that a person can create meaning for him/herself, particularly through engagement with life. As such, the Gestalt play therapist creates meaning in life through the work that they do with traumatized children – the most vulnerable members of the South African society.
- Self-acceptance, as measured by the SPWB, is significantly present in Gestalt play therapists in the sample group, as 84.8% of subjects rated them self as positive on self-acceptance.
 - Age trends reveal no differences for the index of self-acceptance, according to Ryff (1989:1076). According to the Gestalt-principles, self-acceptance can be seen in relation to awareness as described in 2.7.2.

Yontef (1993:144-145) defines awareness as "...being in touch with one's own existence, with *what* is ... the person who is aware knows *what* he does, *how* he does it, that he has alternatives and that he *chooses* to be as he is".

- Awareness is accompanied by owning, it is the process of knowing one's control over, choice of, and responsibility for one's own behavior and feelings (refer to 2.7.2).
- Self-acceptance can also be associated with responding (refer to 2.7.2.2). Responding relates to issues of self-support and empowerment, to taking author-ity and response-ability for one's own life, and the existential nature of one's life choices (Parlett, 2003: 53).
- Self-acceptance can also be associated with self-recognizing (refer to 2.7.2.4). It is a general ability that, in Gestalt terms, includes having an accurate self-image, and knowing one's process (Parlett, 2003: 53).

Gestalt play therapists are trained in all of the mentioned Gestalt perspectives and it is therefore part of their functioning and being in the world. There may be many more factors impacting on the results, but it is not within the scope of this research to report on these.

6.5.3 Recommendations

Against the background of the aforementioned conclusions and restrictions, the following recommendations can be formulated regarding further research into work engagement and well-being:

- Work engagement and well-being should be investigated in a wider variety of settings, using larger samples. All Gestalt play therapists, trained at various institutions in South Africa, could have been included in the sample in order to obtain a larger sample group in a wider setting. The outcome of the survey could then have been generalized to include the whole population of Gestalt play therapists in South Africa.

- Future research regarding work engagement and well-being could also include the relationship between work engagement and well-being and personal and work related factors.
- As the sub-problems that were formulated in 1.3 could not be answered through this study, it could be seen as focus areas for future research.
- The factors or aspects of the Gestalt therapist's training program that contribute to work engagement and well-being could be explored to better understand what contributes and correlates with work engagement and well-being in order to enhance these aspects during training.
- According to literature, the stability of work engagement is very high and long-lasting (refer to 4.4.2). The stability of work engagement is considered to be similar to that of its negative opposite – burnout. This assumption that work engagement reflects a person's present, though persistent and pervasive state of mind and not a personality trait could be utilized as part of the selection process for future students in Gestalt play therapy in order to retain trained Gestalt therapists in South Africa.
- Psychological well-being is an important aspect of positive psychological functioning and a desired outcome of positive psychology. It is seen by Linley and Joseph (2004:722) as an ongoing process rather than a fixed state that springs from within - an inherently intrinsic outcome. It is an important aspect of an individual's collective well-being with its location in the context of the individual within community and culture. Seen in this context, the SPWB can also be utilized as a screening instrument during selection for future Gestalt play therapists as psychological well-being is concerned as much with collective well-being as it is with individual well-being.
- According to Ruini and Fava (2004:382) well-being therapy could play an

important role in preventative interventions with children and adolescents. Improving their levels of psychological well-being could be crucial in the development of their personality and could provide protection against future adversity (it is, smoking, alcohol, or drug abuse). Gestalt therapist should be made aware of this in order to include this into their training programmes or in the therapy they do with children and adolescents.

6.5.4 Limitations of the research

- The sample size was relatively small, which implies that these findings cannot be generalized to the whole population of Gestalt play therapists in South Africa.
- Only one psychometric instrument for each factor was used to measure work engagement and well-being. The use of other psychometric instruments or contrasting instruments could have furnished more insight into work engagement and well-being.
- The sample represented a limited training background, it is the Centre for Play Therapy and Training and two subjects from the University of Pretoria that was trained according to the Gestalt perspective in play therapy. The inclusion of subjects from a variety of institutions could have added more useful data.
- Data collection through self-report measures only has the potential to inflate results because of the problem of social desirability response set. According to Gregory (2000:515), it is the tendency of subjects to react to the perceived desirability (or undesirability) of a test item rather than responding accurately to its content. Subjects tend to endorse socially desirable statements and not to endorse socially undesirable statements.

6.6 CHAPTER SUMMARY

The research survey with regard to the presence of work engagement and well-being in Gestalt play therapists in South Africa was conducted by taking a systematic stance. This chapter deals with the conclusions, limitations and recommendations of the study. Several conclusions, limitations and recommendations were listed and explained. Conclusions were made about the empirical sections of this research. Recommendations were made to enhance research in this particular domain, as well as to improve work engagement and psychological well-being in Gestalt play therapy environments in particular. Limitations were also identified and discussed in this chapter. A remark that could be made, is that Gestalt play therapists render a service to the most vulnerable members of our society who are in need. They deserve special attempts to be made in order to preserve and promote their work engagement and psychological well-being.

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